Communication Script Template

Localizing Signs and Symptoms with Warning Signs

Mode of Communication: PHONE ☐ FAX ☐

Resident:
Provider:
Date:

This message is to inform you of a change in condition:

Chief Complaint:
Situation:

Vitals: Temperature Pulse Resp B/P O2 Sat

Finger-stick Blood Sugar:

Background:

Diagnoses:
Recent antibiotics:
Allergies:
Anticoagulants, Hypoglycemic, Digoxin:

Code Status:
Resident evaluation:
Appearance:

Review/Notify:

Box A
Nursing Assessment
Complete nursing assessment

Box B
Localizing Urinary S/S
☐ Acute dysuria
☐ New or worsening frequency
☐ New or worsening urgency
☐ New or worsening incontinence
☐ Gross hematuria
☐ Suprapubic pain
☐ Costalvertebral angle pain
☐ New scrotal / prostate pain
☐ Urethral purulence

Box C
Non-localizing / Non-Specific Geriatric S/S
☐ Behavior Changes
☐ Functional Decline
☐ Mental Status Change
☐ Falls
☐ Restlessness
☐ Fatigue
☐ "Not Being Her or Himself"

Box D
Warning Signs
☐ Fever
☐ Clear-cut Delirium
☐ Altered LOC
☐ Disorganized Thinking
☐ Psychomotor Retardation
☐ Rigors (shaking chills)
☐ Hemodynamic Instability
☐ Hypotension
☐ Tachycardia