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| S | **Swing Bed Unit**  **Author:**  **Date:**  **Time:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Situation:** |
| B | **Background:** |
| A | **Assessment:** |
| R | **Recommendation:** |

|  |
| --- |
| **STICKER** |

**Use this tool to communicate with providers during clinic hours. Fax to them at 665-1159**

**Place in Nurses Notes after faxing to provider.**