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

|  |
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| **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.**