**SOCIAL WORK**

**COMPLETED SBAR**

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**Learning Objectives:**

**• Describe the value of interprofessional communication for your profession and your**

**clients/patients**

**• Effectively communicate to another profession your professional insight (e.g. risks**

**due to social isolation, current resource needs, and external resource**

**availability/option) about this patient using SBAR**

**S (Situation):**

You have been contacted by the daughter of an 82 year old widow. The daughter is visiting from out of town and is concerned about her mother. The daughter calls you at her mother’s medical home practice with concerns. The daughter is concerned because upon arrival last night, she noticed both a contusion and laceration on the patient's left arm.

The daughter tells you that her mother had fallen in her kitchen the day while she was emptying the dishwasher and on further questioning admits to additional falls in the bathroom and in the garden within the last month. The mother was a diligent housekeeper all of her life, but the home is unclean with dust, litter, and unwashed clothing found in several places. When asked about this, the mother says she is intending to clean up, but doesn’t have the energy to accomplish much in a day.

The daughter is concerned that her mother is unable to live alone. However, she knows that her mother’s preference is to stay in her own home as long as possible. She contacted you to help to figure out next steps with limited financial resources.

**B (Background):**

The client has a 12th grade education and worked as a salesperson until her retirement at age 65. She was married for 55 years. She and her late husband had three children all of whom survive, but none of whom live locally. The patient’s daughters live in eastern Iowa, and maintain telephone phone contact weekly, but visit only occasionally due to financial constraints. Her son has a history of alcohol and drug abuse, and does not maintain contact with family members. Social security is her only source of income; she does not have pension benefits from her job, and her husband’s pension was lost when his company went out of business. The costs for food and utilities are rising, and the patient has no additional resources. Her home is in need of multiple repairs, but the patient is unable to afford the cost and does not want to rely on “charity.” The patient attended church regularly until the past year, when she was unable to drive. Church members and the pastor called frequently when she stopped coming, but the calls and visits have discontinued since Easter. The patient’s neighbors are cordial, but she does not maintain friendships with anyone in particular.

**A (Assessment):**

Depression, may be secondary to nutrition issues, but contributes to social isolation and lack of energy

* Anxiety regarding financial situation, loss of daily relationships with family, neighbors, church community; physical health
* Social isolation
* Unsafe living situation
* Physical issues of balance, nutrition, lack of adequate self-care

**R (Recommendation):**

Following thorough biopsychosocial assessment, meet with patient and available family members to discuss options, including:

* Home health care services (least intrusive intervention)
* Home based meal delivery (Meals on Wheels)
* Housekeeping assistance
* Placement in assisted care facility (difficult with lack of financial resources, but can be social work facilitated)
* Recommend closer family contact/observation; perhaps a rotating schedule of visits
* Possible relocation of patient to reside with or closer to family members