

ISBAR Practice Scenarios

Instructions: Assume that you are a chaplain encountering the below case. Use the space provided to describe how you would use the ISBAR approach to communicate about this case, and your recommendations to the case manager and MD. You are encouraged to generate information beyond what is provided to complete the ISBAR boxes.

Mr. Taylor is a 72 year-old African-American male with advanced COPD. He arrived in the Emergency Department with extreme dyspnea and low oxygen saturation levels. He was admitted to the Medical ICU, and placed on a mechanical ventilator (MV). He has severe sepsis and has been on MV for the past 14 days, with limited consciousness and no decisional capacity. Mr. Taylor was widowed 8 months ago. His daughter Jackie is his Legally Appointed Representative. The team was speaking with her about withdrawal of support when she became emotionally distraught and verbally abusive to staff. As the accusations escalated, a chaplain was called. When you arrived, Ms. Johnson was tearful and was screaming at the attending physician and bedside nurse saying, "You are trying to kill my father. He will go when the good Lord is ready to take him." Ms. Spivey appeared increasingly agitated and expressed that she felt team did not share or understand beliefs about the sanctity of life.

Introduction/Situation

Background

Assessment

Recommendation

ISBAR Practice Scenarios

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Ms. Matthews is a 48 year-old Caucasian female, who is being hospitalized for symptom management associated with her Stage IV breast cancer. Metastatic to her spine, she is experiencing considerable pain and is being treated with morphine as well as other pain medications and will be on inpatient service while appropriate relief levels are established. Prior to hospitalization, she described experiencing high levels of anxiety and panic attacks. She has been prescribed benzodiazepine. The chaplain met with Ms. Matthews during routine rounds. During the chaplain visit, Ms. Matthews described her panic attacks, which she said began during her military service. She was raised in a United Methodist family and has been attending a local church since her diagnosis. She has received visits from her pastor and lay clergy. She told the chaplain that the community has been very supportive and she is pleased to see members of her church community. She requested prayer from the chaplain. However, she also expressed that despite the support her panic attacks continue and are at times, “debilitating.”

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