Nursing faculty teaching resource

CALLING NURSE CASE BRIEF

Recognize the change

It is 1:58 p.m. on 3 East. You are Lee Harmon, RN, caring for Robert Hayes. You have just found the change below. The charge nurse is available nearby, but no emergency call has yet been made. Compare the trend and decide what help is needed immediately.

> **Your task in two stages**
>
> First, state your immediate nursing actions and how you will summon help. Then receive the call update card and make an SBAR call to the covering clinician. Confirm who will respond, when, and what happens if the patient worsens or help is delayed. Do not perform procedures or call real emergency numbers.

Patient / location	Robert Hayes, 67 years; fictional MRN 593824; 3 East, room 318
Admission	Hospital day 2 with pneumonia; receiving prescribed antibiotics.
History / status	Hypertension; no chronic lung disease or home oxygen use. No known medication allergies. Full code.
Respiratory change	Earlier: speaking in full sentences. Latest: more short of breath at rest, accessory-muscle use and short phrases; awake and responding.

Observation	Earlier: 1:30 p.m.	Latest: 1:58 p.m.
Respiratory rate	18/min	30/min
Oxygen saturation	96% on 2 L/min	89% on 2 L/min
Heart rate	88/min	118/min
Blood pressure	126/74 mmHg	104/64 mmHg
Temperature	100.8 °F (38.2 °C)	100.8 °F (38.2 °C)

The oximeter probe and signal have been checked; saturation remains 89% on 2 L/min by nasal cannula.

Exercise response pathway

For this exercise, severe breathing difficulty, saturation persistently below 90% despite oxygen, or serious staff concern requires immediate rapid response activation without provider permission. The standing emergency protocol authorizes nasal-cannula oxygen adjustment and continuous oximetry while help is summoned. Flow and target selection are not assessed.

If the patient becomes unresponsive and is not breathing normally (including only gasping), call the code team (local emergency response) and start BLS as trained; return to SBAR only when immediate care is covered.

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SBAR WORKSHEET

Prepare and record the call

Initial decision

Which changes need action now? What will you do and who will you call for help?

S - Situation

Identify yourself, the patient, and the urgent problem.

B - Background

Which background and earlier findings explain the change?

A - Assessment

What do you think is wrong? Support the concern and acknowledge uncertainty.

R - Recommendation or request

Make a clear request with timing. If the clinician cannot attend, agree on an immediate alternative.

Communication note and reflection

After the call, record the time, findings reported, contact method and clinician role, actions underway, and actual agreement. Then name one change for your retry. Do not invent new orders or patient results.

Fictional scenario for formative communication practice. Not clinical guidance or a validated assessment. Confirm the facts and response pathway against your local policy before teaching.

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