Unit Record No.

# SBAR COMMUNICATION TOOL

Surname Given Names

D.O.B. / / Sex

**Affix patient label**

**S** Time and Date :

…………………………………

* Identify yourself

**Situation**

* Identify your Unit
* Give the patient’s name
* State current patient location
* Briefly state the problem
* Identify when it happened / started

**B** Information could include:

Problem ……………………………………………………………………..

………………………………………………………………………………..

……………………………………………………………………………….. State severity

Severe  Very concerned  Concerned  Controlled 

Name of professional being contacted

……………………………………………….…………………….…………

Number called / contact reached (eg mobile / pager)

…………………………………………....................................................

Number and time of attempts made to reach person being called

……………………………………………………………………………….

Admitting diagnosis /operation …………………………………………………………………………...........

……………………………………………………………………………………………………………………... Date of admission ……………………………………………………………………………..………………… Most recent vital signs BP ………………. HR ……….………Temp …………………….. Pain Score …………… RR ……………… SaO2 …………… Urine output …………….. Pt on oxygen?  Yes  No Litres / min…………. IV Fluid ………………………………………… Test Results ……………………………………………………………………………………………………..

**Background**

……………………………………………………………………………………………………………….......... Pt mental state …………………………………………………………………………………………….......... Assessment of skin / extremities ……………………………………………………………………………….

**A** Your assessment should be concise, clear, assertive, and factual

………………………………………………………………………………………………………….................

**Assessment**

………………………………………………………………………………………………………….................

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**SBAR COMMUNICATION TOOL MR 126**

………………………………………………………………………………………………………….................

……………………………………………………………………………………………………………………...

**R** I suggest / request that:

Examples of recommendations may include:

**Recommendations**

* Pt needs to be seen now
* Order change
* Transfer to alternate facility
* Request for tests needed
* Talk to the patient and/or family

……………………………………………………………………………….

……………………………………………………………………………….

Does Dr want a response back – what parameters do they wish to be notified about – phone number to contact and time

……………………………………………………………………………….

………………………………………………………….............................. Doctor’s Orders / comments …………………………………………….

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**Outcome:** ……………………………….……………………………………………………………………….……...



……………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………….. Print Name: ………………………………….. Signature: ………………………Designation: ………………….