**SBAR Communication Worksheet**

Patient Name: ____________________________

Date: / /  Time: AM PM  Location: ____________________________

Patient Date of Birth: / /

Room Number: ____________________________

**Pre-call preparation:** Gather the following information: Patient’s name; age; chart. Rehearse in your mind what you plan to say. Run it by another nurse if unsure. If calling about pain, when and what was last pain medication? If calling about fever, what was the most recent temperature? If calling about an abnormal lab, what was the result of the last test? What is the goal of your call? Remember to start by introducing yourself by name and location. Use area below as a checklist to gather your thoughts and prepare.

- **Situation**
  - Briefly describe the current situation.
  - Give a clear, succinct overview of pertinent issues.

- **Background**
  - Briefly state the pertinent history.
  - What got us to this point?

- **Assessment**
  - Summarize the facts and give your best assessment.
  - What is going on? Use your best judgement.

- **Recommendation**
  - What actions are you asking for?
  - What do you want to happen next?

- **Follow-up Action (Next Steps):** Document the call and “read back” orders to ensure accuracy. Is there a change in the plan of care? Yes No

---

This is not part of the medical record
**SBAR Process / Quality Improvement Action Form**

The purpose of this form is to document and outline an action plan to make an improvement to a process or work flow. It is designed to encourage transparency and improve the quality and delivery of patient care.

**Your Name:**

**Date Submitted:**

**Proposed Improvement Project Title:**

**Situation** (Use the back of this sheet if you need more room to provide explanation.)

Please provide a brief explanation of what the situation is: What is the process that you believe can be improved.

Where does this process and/or situation occur or what area is impacted? (Check all that apply)

- Preoperative Area (e.g., Holding Area, Inpatient Unit, Admit Area)
- Other Clinical Department (e.g., Pharmacy, Radiology) (Specify Below)
- Administrative Department (Specify Below)
- Other (Specify Below)
- Operating Room
- Procedure Room (e.g., Endoscopy Suite, Procedure Room)
- Labor and Delivery Suite
- PACU

**Background** (Use the back of this sheet if you need more room to provide explanation.)

What drew your attention to this? Is this an issue that happens frequently? Does it affect other people? Why make a change?

**Assessment**

This recommended change will positively impact the following: (Check all that apply)

- Improve Efficiency
- Reduce Paperwork
- Prevent Harm to Patients
- Increase Workplace Safety
- Cut Costs
- Eliminate Waste
- Increase the Quality of Patient Care
- Speed the Delivery of Care
- Improve Employee Morale
- Increase Patient Satisfaction
- Clarify a Policy or Procedure
- Standardize Care

This recommended change will make an impact and improvement(s) in the following: (Check all that apply)

- Communication between staff
- Staff Changes / Hand-offs
- Work Space Cleanliness
- Other (Please Specify):
- Reduce Rushing / Haste
- Teamwork
- Scheduling
- Equipment Storage
- Supplies and Stocking
- Room Changeover

**Recommendation**

Please use the back of this form or attach additional pages to answer the following:

1. What can be done to improve this situation / or process?
2. What changes need to happen to ensure that this is fixed or improved?
3. How can you help make this change a reality?
4. What is the simplest, fastest but most thorough way to make this happen?

**Status**

Stick status label here

- Red (Submitted)
- Yellow (Under Review)
- Green (Resolved)

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SBAR Nurse Shift Report Guide for Labor Patients

**Situation**
- [ ] Patient name
- [ ] Date / Time of Admission
- [ ] Age
- [ ] Physician
- [ ] Room
- [ ] Midwife
- [ ] Multiple birth
- [ ] yes
- [ ] no
- [ ] Previous C-section
- [ ] yes
- [ ] no
- [ ] Ruptured membranes
- [ ] yes
- [ ] no
- [ ] High risk for:
  - [ ] shoulder dystocia
  - [ ] pre-eclampsia
  - [ ] maternal post-partum hemorrhage
  - [ ] urine rupture
  - [ ] fetal distress
- [ ] Gestational age: ___________
- [ ] Allergies: _______________________
- [ ] Comorbid conditions (i.e. diabetes, cancer, heart condition, etc.)

**Background**
- [ ] Gravida ______ para ______
- [ ] GBS status
- [ ] Allergies: _______________________
- [ ] rH
- [ ] Labor History
  - [ ] membranes / fluid
  - [ ] onset
  - [ ] contractions
  - [ ] dilated ______ effaced ______
  - [ ] station
- [ ] Medications
  - [ ] P-Gel
  - [ ] antibiotics
  - [ ] oxytocics
  - [ ] tocolytics (magnesium)
- [ ] Pain (scale / interventions)
- [ ] Epidural
- [ ] Lab work (when ordered / results back)
- [ ] IV
  - [ ] what
  - [ ] bag #
  - [ ] rate
  - [ ] site
- [ ] EFM
- [ ] Epidural
- [ ] Lab work (when ordered / results back)
- [ ] IV
  - [ ] what
  - [ ] bag #
  - [ ] rate
  - [ ] site
  - [ ] EFM

**Assessment**
- [ ] Patient is progressing within normal limits; no complications apparent
- [ ] I am concerned about: _______________________

**Recommendation / Request**
- [ ] I suggest or request that you _______________________
  - [ ] watch for
  - [ ] get test results
  - [ ] new orders
  - [ ] On call / availability
  - [ ] physician
  - [ ] midwife
  - [ ] pediatrician
  - [ ] anesthesiologist

---

To order additional copies of this hand-off report guide, call 303-298-8083 or visit www.SaferHealthcare.com
SBAR Shift Report Hand-off Guide

1. Situation
☐ Patient ☐ Room #
☐ Admitting Physician ☐ Admitting Diagnosis / Secondary Diagnosis
☐ Most Current / Pertinent Issues

2. Background
Discuss only elements that have recently changed or are pertinent to this patient

☐ Admit Date ______________ Anticipated Date of Discharge ______________
☐ Physician / Ancillary Consults
  ☐ Psych. ☐ Surgical ☐ PT/OT ☐ Speech ☐ Wound Care ☐ Other
☐ Date / Time last seen by Physician ______________
☐ Allergy ______________
☐ Code Status / DNR ______________
☐ Patient / Family Concerns ______________
☐ Medications (pertinent issues / effectiveness) ______________
☐ Recent Interventions / Effectiveness ______________
☐ Abnormal Labs ______________
☐ Vital Signs ☐ Temp ☐ Pulse ☐ Respiration ☐ O₂ Sat.
☐ Pain status ☐ Location ☐ Score ☐ Modalities Used ☐ Effectiveness
☐ IV ☐ Type ☐ Amount ☐ Site ☐ Issues
☐ Drains / Tubes ______________
☐ Wounds / Dressings
  ☐ Type ☐ Location ☐ Color ☐ Edema ☐ Temp ☐ Change in Size
☐ Decubiti ☐ Stage ☐ Location ☐ Treatment
Systems: Discuss only systems pertinent to this patient
☐ Neurological / Mental Status
  ☐ Level of consciousness ☐ Speech Pattern ☐ Dementia ☐ Confusion ☐ Depression
☐ Lungs / Respiratory
  ☐ Lung sounds (rales, rhonchi, wheezes)
  ☐ Cough (productive (description), dry)
  ☐ Shortness of breath, difficulty breathing, orthopnea
  ☐ Respiratory rate ______________
  ☐ Oximetry ______________
  ☐ O₂ @ _____ liters / per __________________
☐ Cardiac / Respiratory
  ☐ Heart Rate ______________
  ☐ Regularity ☐ SOB ☐ Edema ______________
☐ GI
  ☐ Appetite changes ☐ Diet type ☐ Thickened Liquids ☐ TPN ☐ Weight
  ☐ Abdominal Tenderness ☐ Distention ☐ Vomiting ☐ Nausea ☐ I @ ____ ml / ____
  ☐ Last Bowel Movement ☐ Constipation ☐ Diarrhea ☐ Colostomy
☐ GU
  ☐ Catheter ☐ Urine Color ☐ Dysuria ☐ Frequency ☐ Last UTI ☐ O @ ____ ml / ____
☐ Musculoskeletal
  ☐ Pain ☐ Mobility Issues ☐ Positioning ☐ Fall risk status
☐ Assistive Devices ☐ Wheel Chair ☐ Cane ☐ Walker ☐ Other
☐ Skin ☐ Temperature ☐ Condition ☐ Edema ☐ Hematoma
☐ Discharge Plan / Issues
  ☐ Case Management ☐ Patient / Family Education
  ☐ Other ______________

3. Assessment
☐ What do you think is going on with the patient?
☐ Do you have concerns about this patient? If yes, are they mild, moderate or severe?
☐ Discharge planning issues or concerns that need to be addressed ______________

4. Recommendation
☐ Care / Issues requiring follow-up ______________
☐ Orders requiring completion / follow-up ______________
☐ Pending treatment / tests ______________
☐ Issues / Items left undone that require follow-up ______________

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SBAR Communication Worksheet

Pre-call preparation: Gather the following information: Patient’s name; age; chart. Rehearse in your mind what you plan to say. Run it by another nurse if unsure. If calling about pain, when and what was last pain medication? If calling about fever, what was the most recent temperature? If calling about an abnormal lab, what was the result of the last test? What is the goal of your call? Remember to start by introducing yourself by name and location. Use area below as a checklist to gather your thoughts and prepare.

Situation
Briefly describe the current situation.
Give a clear, succinct overview of pertinent issues.

Background
Briefly state the pertinent history.
What got us to this point?

Assessment
Summarize the facts and give your best assessment.
What is going on? Use your best judgement.

Recommendation
What actions are you asking for?
What do you want to happen next?

Follow-up Action (Next Steps): Document the call and “read back” orders to ensure accuracy.
Is there a change in the plan of care? Yes No
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<th>1. Situation</th>
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<td>□ Patient  □ Room #  □ Admitting MD / PCP / NP  □ Admitting Diagnosis / Secondary Diagnosis  □ Most Current / Pertinent Issues  □ Patient / Family Concerns</td>
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<td>□ Patient Status (STR or LTC)</td>
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<td>□ Physician / Ancillary Consults  □ Psych.  □ Surgical  □ PT/OT  □ Speech  □ Wound Care  □ Other</td>
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<td>□ Date / Time last seen by MD / NP __________________________________________</td>
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<td>□ Allergy _______________________________________________________________</td>
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<td>□ Recent Interventions / Effectiveness ____________________________________</td>
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<td>□ Abnormal Labs _______________________________________________________</td>
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| Vital Signs  □ Temp  □ Pulse  □ Respiration  □ O₂ Sat. |
| Pain status  □ Score  □ Modalities Used  □ Effectiveness  □ Location |
| IV  □ Type  □ Amount  □ Site  □ Issues |
| Drains / Tubes |
| Wounds / Dressings  □ Type  □ Location  □ Color  □ Edema  □ Temp  □ Change in Size  □ Eschar  □ Slough |
| Decubiti  □ Stage  □ Location  □ Treatment |

| Systems: Discuss only systems pertinent to this patient |
| Neurological / Mental Status  □ Level of consciousness  □ Speech Pattern  □ Dementia  □ Confusion  □ Depression |
| Lungs / Respiratory  □ Lung sounds (rales, rhonchi, wheezes) |
| □ Cough (productive (description), dry) |
| □ Shortness of breath, difficulty breathing, must sit up to breathe |
| Respiratory rate  □ Oximetry  □ O₂ @ ____ liters / per _____ |
| Cardiovascular  □ Heart Rate  □ Regularity  □ SOB  □ Edema |
| GI  □ Appetite changes  □ Diet type  □ Thickened Liquids  □ TPN  □ Weight |
| □ Abdominal Tenderness  □ Distention  □ Vomiting  □ Nausea |
| □ Last Bowel Movement  □ Constipation  □ Diarrhea  □ Colostomy |
| GU  □ Catheter  □ Urine Color  □ Dysuria  □ Frequency  □ Last UTI |
| Musculoskeletal  □ Pain  □ Mobility  □ Positioning |
| Functional Status  □ Functional goals  □ Fall risk status  □ Paralysis  □ Decreased mobility |
| Assistive Devices  □ Wheel Chair  □ Cane  □ Walker  □ Other |
| Skin  □ Temperature  □ Condition  □ Edema  □ Hematoma |
| □ Other _________________________________________________________ |

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<th>4. Recommendation</th>
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<td>□ Care / Issues Requiring Follow-up</td>
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<td>□ Orders Requiring Completion / Follow-up</td>
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<td>□ Pending Treatment / Tests</td>
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<td>□ Issues / Items Left Undone that Require Follow-up</td>
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SBAR Checklist
Critical Situation Call to a Physician or Nurse Practitioner

Situation
Introduction and overview of problem
☐ My name is ____________________________
☐ I am calling from ________________________________ about ____________
☐ The problem I am calling about is ____________ (or) I am concerned about ____________

Background
Information pertinent to the problem or your concern
☐ The admitting Doctor, PCP, or NP is ____________
☐ Admitting diagnosis is ____________________________
☐ Secondary diagnosis is ____________________________
☐ Code status / DNR ____________________________
☐ Allergies ____________
☐ Vital Signs are: ☐ Temp: _____ ☐ Pulse _____ ☐ Respiration _____
☐ Pain status:
☐ Location ☐ Duration ☐ Changes in severity ☐ Intensity
☐ Pain scale number ☐ Effectiveness of pain meds ☐ Other treatment modalities
☐ Current meds pertinent to the problem
☐ Blood thinners ☐ Antibiotics ☐ Other ____________
☐ There are changes in the following:

Assessment
What you think is going on
☐ I think the problem may be ____________ (i.e. infection, cardiac, neurologic, fracture, etc.)
☐ I’m not sure what is going on, but the patient’s condition is deteriorating.
☐ The patient seems to be unstable and may get worse. We need to do something.

Recommendation / Request
What you think should happen / what you need
☐ I think this patient should be transferred to ____________
☐ I think we need to discuss the code status with the patient / family.
☐ Do you want to order any tests or make changes in her current treatment plan?

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Form Number: SBAR-011
# OR Team SBAR Briefing & Debriefing Checklist

**Patient Name:**

**Date:** / /  
**Time:** AM PM  
**Location:**

**Patient Date of Birth:** / /  
**Room Number:**

## Briefing (Pre-surgery)

**Elements Performed (check yes or no for each element):**

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<td>Announce team briefing</td>
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<td>Introduce all personnel / team members</td>
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<td>Share critical information about patient and procedure</td>
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<td>Encourage team input and continued cross-talk / communication</td>
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<td>Conduct Surgical Time Out (Surgical Pause)</td>
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<td>Review plan/procedure and contingency plans as needed</td>
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<td>Ask for questions or comments from team</td>
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## Debriefing (Post-surgery)

**Elements Performed (check yes or no for each element):**

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<tr>
<td>Announce team debriefing</td>
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<td>Discuss what went well and not-so-well during surgery</td>
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<td>Ask how / what the team can improve for next time</td>
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<td>Ask if the team had the right tools at the right time</td>
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<td>Ask all team members for any last questions or comments about case</td>
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<tr>
<td>Assign follow-up roles and responsibilities</td>
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**Follow-up Action(s) Required:** Document the what needs to happen and who is responsible for follow-up.

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