

\*\*\* NOT A PART OF MEDICAL RECORD \*\*\*

[PT STICKER]

**CAREGIVER SBAR CORRESPONDENCE**

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

**Situation** – Briefly describe the issue and your concern.

**Background** – Pertinent patient parameters

**Assessment** – The Assessment of the situation

**Recommendation/ Request** – I suggest or request

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Signature \_\_\_\_\_, \_\_\_\_\_ (title)

I have reviewed the above comments.  
NO NEW ORDERS. Signature \_\_\_\_\_, LIP

SEE NEW ORDERS. Signature \_\_\_\_\_, LIP

(PLEASE WRITE ANY NEW ORDERS ON STANDARD PHYSICIAN ORDER FORM)

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(SEE BACK FOR SBAR GUIDELINES)

# SBAR Guidelines

## Situation

- Patient's name, age and room number
- Diagnosis and admit date
- Attending physician/consulting physicians involved in care
- Describe what is going on with the patient (current situation)

## Background

- Any **pertinent** medical history, including, but not limited to:
  - Allergies
  - Code status
  - Co-morbidities affecting patient status
- **Pertinent** procedures/tests completed
- Other information, as applicable:
  - Vascular access
  - Oxygen needs
  - Barriers: hearing/visual/cognitive/language
  - Mobility / risk for falls
  - Isolation/Infection control precautions
  - Diet status/restrictions
  - Family/Significant other(s) present

## Assessment

- **Pertinent** assessment changes / exceptions to plan of care
- Abnormal labs / blood glucose
- Most recent vital signs,
- Medications: last pain medication(s) given, pertinent scheduled meds, any medications held and rationale

## Recommendation/Request

- What is the plan of care / what does patient need and in what time frame?
- **Pertinent** diagnostics.