

# SBAR Communication Worksheet

Form Number: SBAR-001

This is not part of the medical record

Patient Name: \_\_\_\_\_

Patient Date of Birth:    /    /

Date:    /    /

Time:            AM    PM

Location: \_\_\_\_\_

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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Topic: \_\_\_\_\_

Date:    /    /

Time:            AM    PM

Location: \_\_\_\_\_

Situation

**S**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Background

**B**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Assessment

**A**

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Recommendation

**R**

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\_\_\_\_\_

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# 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.

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

- |   |   |
|---|---|
| <input type="checkbox"/> Preoperative Area (e.g., Holding Area, Inpatient Unit, Admit Area)                   | <input type="checkbox"/> Operating Room   |
| <input type="checkbox"/> Other Clinical Department (e.g., Pharmacy, Radiology) <small>(Specify Below)</small> | <input type="checkbox"/> Procedure Room (e.g., Endoscopy Suite, Procedure Room) |
| <input type="checkbox"/> Administrative Department <small>(Specify Below)</small>                             | <input type="checkbox"/> Labor and Delivery Suite                               |
| <input type="checkbox"/> Other <small>(Specify Below)</small>   | <input type="checkbox"/> 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?

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## Assessment

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Improve Efficiency        | <input type="checkbox"/> Cut Costs                            | <input type="checkbox"/> Improve Employee Morale       |
| <input type="checkbox"/> Reduce Paperwork          | <input type="checkbox"/> Eliminate Waste                      | <input type="checkbox"/> Increase Patient Satisfaction |
| <input type="checkbox"/> Prevent Harm to Patients  | <input type="checkbox"/> Increase the Quality of Patient Care | <input type="checkbox"/> Clarify a Policy or Procedure |
| <input type="checkbox"/> Increase Workplace Safety | <input type="checkbox"/> Speed the Delivery of Care           | <input type="checkbox"/> Standardize Care              |

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Communication between staff            | <input type="checkbox"/> Reduce Rushing / Haste | <input type="checkbox"/> Equipment Storage     |
| <input type="checkbox"/> Staff Changes / Hand-offs              | <input type="checkbox"/> Teamwork               | <input type="checkbox"/> Supplies and Stocking |
| <input type="checkbox"/> Work Space Cleanliness                 | <input type="checkbox"/> Scheduling             | <input type="checkbox"/> Room Changeover       |
| <input type="checkbox"/> Other <small>(Please Specify):</small> |   |  |

## 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.)

Use this checklist to gather your thoughts and structure your hand-off report. Use the note space below to make additional notes pertaining to the report as needed.

Note: The elements within this checklist are not intended to be comprehensive but rather a starting guide to assist in organizing a plan of communication.

Patient:

Location:

Date:  /  /

Time:  AM  PM

Notes: \_\_\_\_\_

\_\_\_\_\_

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## Background

- Gravida \_\_\_\_\_ para \_\_\_\_\_
- GBS status
- Allergies: \_\_\_\_\_
- rH
- Labor History
  - membranes / fluid
  - onset
  - contractions
  - dilated \_\_\_\_\_ effaced \_\_\_\_\_
  - station
- Medications
  - P-Gel     oxytocics     tocolytics (magnesium)     antibiotics
- Pain (scale / interventions)
- 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



# Critical Situation Report Checklist

Patient: \_\_\_\_\_

Time: \_\_\_\_\_ AM \_\_\_\_\_ PM

Location: \_\_\_\_\_

Date:        /        /

## Situation

- Introduce yourself \_\_\_\_\_
- The patient I am calling about is                                  *patient's name*
- The situation I am concerned about is \_\_\_\_\_
- The patient's code status is \_\_\_\_\_

## Background

- Here is the supporting background information.
- The patient's vital signs are:
  - Blood pressure: \_\_\_\_ / \_\_\_\_                       Pulse: \_\_\_\_
  - Respiration: \_\_\_\_                                      Temperature: \_\_\_\_
  - Pain ( Scale   1   2   3   4   5   6   7   8   9   10 )
- The patient's mental status is...
  - alert and oriented to person, place and time
  - confused and...    cooperative    non-cooperative
  - agitated and / or combative
  - lethargic but conversant and able to swallow
  - stuporous / not talking clearly and possibly unable to swallow
  - comatose / eyes closed / not responding to stimulation
- The patient's skin is...
  - warm and dry       diaphoretic                   mottled
  - pale                       extremities are cold       extremities are warm
- The patient...     is not on oxygen     is on oxygen
  - The patient has been on \_\_\_\_ (l./min.) or (%) oxygen for \_\_\_\_ minutes (hours)
  - The oximeter reads \_\_\_\_ %
  - The oximeter does not detect a good pulse and is giving erratic readings
- The patient is allergic to: \_\_\_\_\_

## Notes

\_\_\_\_\_

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\_\_\_\_\_

## Assessment

- In assessing the situation, I think the problem is                                  *state problem*
  - The problem seems to be    cardiac    infection    neurologic    respiratory
  - I am not sure what the problem is, but the patient is deteriorating
  - The patient seems to be unstable and may get worse. We need to do something.

## Recommendation / Request

- I recommend or request that you \_\_\_\_\_
  - transfer the patient to critical care
  - come to see the patient right away
  - talk to the patient or family about the code status
  - add / change orders to \_\_\_\_\_
- Do you want to have any tests done?
  - CXR     ABG     EKG     CBC     BMP     Others
- If a change in treatment is ordered, ask...
  - how often do you want vital signs?
  - how long do you expect this problem will last?
  - if the patient does not get better, when would you want us to call again?



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Topic:

Date:

Action Items

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Notes

Lined area for notes.

Critical Information / Contacts

Lined area for critical information and contacts.

# SBAR Communication Worksheet

Form Number: SBAR-008

This is not part of the medical record

Patient Name:		Patient Date of Birth: / /	
Date: / /	Time: AM PM	Room Number:	
Location:			

**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.

<input type="checkbox"/> <b>Situation</b> Briefly describe the current situation. Give a clear, succinct overview of pertinent issues.	_____
<input type="checkbox"/> <b>Background</b> Briefly state the pertinent history. What got us to this point?	_____
<input type="checkbox"/> <b>Assessment</b> Summarize the facts and give your best assessment. What is going on? Use your best judgement.	_____
<input type="checkbox"/> <b>Recommendation</b> 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



Patient: \_\_\_\_\_

Date: / /

Time: AM PM

Location: \_\_\_\_\_

Situation

S

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Background

B

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assessment

A

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation

R

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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# SBAR Shift Report Guide for Skilled Nursing

## 1. Situation

- Patient  Room #
- Admitting MD / PCP / NP  Admitting Diagnosis / Secondary Diagnosis
- Most Current / Pertinent Issues  Patient / Family Concerns

Use this checklist to gather your thoughts and structure your hand-off report. Use the note space below to make additional notes pertaining to the report as needed.

Note: The elements within this checklist are not intended to be comprehensive but rather a starting guide to assist nurses in organizing their communication.

## 2. Background

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

- Admit Date \_\_\_\_\_ Anticipated Date of Discharge \_\_\_\_\_
- Patient Status (STR or LTC)
- Physician / Ancillary Consults
  - Psych.  Surgical  PT/OT  Speech  Wound Care  Other
- Date / Time last seen by MD / NP \_\_\_\_\_
- Allergy \_\_\_\_\_
- Code Status / DNR \_\_\_\_\_
- Medications (pertinent issues / effectiveness) \_\_\_\_\_
- Recent Interventions / Effectiveness \_\_\_\_\_
- Abnormal Labs \_\_\_\_\_
- Vital Signs  Temp  Pulse  Respirations  O<sub>2</sub> 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
  - O<sub>2</sub> @ \_\_\_\_\_ 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 \_\_\_\_\_

Notes:

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## 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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# OR Team SBAR Briefing & Debriefing Checklist

Patient Name: \_\_\_\_\_

Patient Date of Birth:    /    /

Date:    /    /

Time:            AM    PM

Location: \_\_\_\_\_

Room Number: \_\_\_\_\_

## Briefing (Pre-surgery)

Elements Performed (check yes or no for each element)

<b>Situation</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Announce team briefing
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Introduce all personnel / team members
<b>Background</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Share critical information about patient and procedure
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Encourage team input and continued cross-talk / communication
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Conduct Surgical Time Out (Surgical Pause)</b>
<b>Assessment</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Review plan/procedure and contingency plans as needed
<b>Recommendation</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask for questions or comments from team

Before Surgery

## Debriefing (Post-surgery)

Elements Performed (check yes or no for each element)

<b>Situation</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Announce team debriefing
<b>Background</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discuss what went well and not-so-well during surgery
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask how / what the team can improve for next time
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask if the team had the right tools at the right time
<b>Assessment</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask all team members for any last questions or comments about case
<b>Recommendation</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Assign follow-up roles and responsibilities

After Surgery

**Follow-up Action(s) Required:** Document the what needs to happen and who is responsible for follow-up.

Action Item: _____	Assigned to: _____
Notes: _____	

Action Item: _____	Assigned to: _____
Notes: _____	

Action Item: _____	Assigned to: _____
Notes: _____	

Action Item: _____	Assigned to: _____
Notes: _____	

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Item	Price	Quantity	Total \$
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