

Appendix G: SBAR: Situation, Background, Assessment, Request

When calling the primary or on-call provider, consider the following changes in condition. Communicate those that are present and not present to facilitate accurate and effective clinical decision making.

SBAR

Physician/ NP Communication

Resident Name: _____ DOB: _____
Unit/Room: _____

Situation:

Reason for the call (e.g., change in condition); include date of onset, frequency, and duration:

Vital signs; note baseline value, if different: Temp: _____ BP: _____/_____ P: _____ RR: _____

Background:

Primary diagnosis or reason resident is in facility: _____

Pertinent history (e.g., precipitating, aggravating, alleviating factors): _____

Has reason for call occurred before? Describe: _____

Recent lab or diagnostic test results: _____

Medication allergies and reactions: _____

Advance directives / POLST: _____

Assessment:

What do you think is going on (e.g., dehydration, medication problem)? _____

Or – I'm not sure what is going on.

Request:

Visit? Specify: _____

Medication change? Specify: _____

New order? Specify: _____

Just providing information.

Instructions or questions from physician/NP: _____

Mental Status:	Yes	GI/Abdomen:	Yes
New/worsening confusion	___	Nausea	___
New onset of delirium	___	Vomiting (# of episodes/24 hours ___)	___
New/worsening behavioral symptoms	___	Diarrhea (# of episodes/24 hours ___)	___
Altered level of consciousness	___	New/worsening stool incontinence	___
Other, describe:	___	Rectal bleeding or blood in stool	___
Functional Status:	Yes	Decreased appetite	___
Needs more assistance with ADLs	___	Abdominal pain / tenderness	___
Decreased mobility	___	Distended abdomen	___
Fall, gait disturbance	___	Decreased bowel sounds	___
Weakness or hemiparesis	___	Constipation	___
Slurred speech	___	Other, describe:	___
Trouble swallowing	___	Urine/Genitourinary Tract:	Yes
Other, describe:	___	Painful urination (dysuria)	___
Eye/Ear:	Yes	New/worsening urination frequency	___
Vision loss (partial/complete)	___	New/worsening urination urgency	___
Pus from one or both eyes	___	New/worsening incontinence	___
New/increasing conjunctival swelling	___	Flank pain (costovertebral angle (CVA) tenderness)	___
New/increasing conjunctival pain	___	Suprapubic pain	___
Itching of one or both eyes	___	Hesitancy or decreased urine output	___
Redness of one or both eyes	___	Blood in urine (gross hematuria)	___
Bleeding from the ear canal	___	Cloudy or concentrated urine	___
Discharge from the ear canal, describe:	___	Foul-smelling urine	___
Acute hearing loss	___	Pain, tenderness, or swelling of the testes, epididymis, or prostate	___
Wax impaction	___	Redness, edema, or excoriation of female external genitalia	___
ringing, or other noise in the ears	___	Discharge from the penis or vagina	___
Pain of external or internal ear(s)	___	Other, describe:	___
Other, describe:	___	Skin/Soft Tissue:	Yes
Nose/Mouth/Throat:	Yes	New/increasing purulent drainage at a wound, skin, or soft-tissue site	___
Nasal discharge, describe color and consistency:	___	New/increasing redness at site	___
Nasal congestion	___	New/increasing tenderness/pain at site	___
Nosebleed	___	New/increasing warmth at site	___
Sneezing	___	New/increasing swelling at site	___
Toothache	___	New/increasing serous drainage at site	___
Inflamed oral mucosa with raised white patches	___	Rash, describe:	___
Sore throat, hoarseness, or difficulty swallowing	___	Lesion, describe:	___
Swollen or tender glands in the neck	___	Itching, describe area and intensity:	___
Other, describe:	___	Other, describe:	___
Cardiac/Respiratory System:	Yes	Other Issues:	Yes
Chest pain/tightness, describe:	___	Fever or hypothermia (different from baseline)	___
Abnormal heart sounds	___	Shaking chills (rigors)	___
Edema (different from baseline)	___	Headache	___
Dizziness or lightheadedness	___	Fainting (syncopal episode)	___
Shortness of breath	___	Sleep disturbance, describe:	___
Labored breathing	___	Seizure or convulsions	___
Abnormal lung sounds	___	Sprain or strain	___
Cough (productive/non-productive)	___	Dislocation or fracture	___
Coughing up blood (hemoptysis)	___	Other, describe:	___
Purulent sputum production	___		
Other, describe	___		