

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

Record # \_\_\_\_\_

# SBAR

Have ALL information AVAILABLE when reporting:  
chart, allergies, medication list, pharmacy number, pertinent lab results

## **S** SITUATION

I am calling about \_\_\_\_\_ (patient's name)

The problem I am calling about is \_\_\_\_\_

## **B** BACKGROUND

State the **primary diagnosis & reason patient is being seen** for home care \_\_\_\_\_

State the pertinent **medical history** \_\_\_\_\_

Most recent **findings** \_\_\_\_\_

Mental status \_\_\_\_\_ Neuro changes \_\_\_\_\_ Temp \_\_\_\_\_

BP \_\_\_\_\_ Pulse rate/quality/rythm \_\_\_\_\_ Resp. rate/quality \_\_\_\_\_

Lung sounds \_\_\_\_\_ Pulse Oximetry \_\_\_\_\_ % Oxygen \_\_\_\_\_ L/min via \_\_\_\_\_

GI/GU changes (nausea/vomiting/diarrhea/impaction/hydration) \_\_\_\_\_

Weight \_\_\_\_\_ (actual) Loss or Gain Skin color \_\_\_\_\_ Blood Glucose \_\_\_\_\_

Wound status (location, size, wound bed and margins, drainage type and amt, treatment and frequency) \_\_\_\_\_

Pain level/location/status \_\_\_\_\_

Musculoskeletal changes (weakness) \_\_\_\_\_

DNR status \_\_\_\_\_

Telemonitoring Report \_\_\_\_\_

Other \_\_\_\_\_

## **A** ASSESSMENT

I think that the patient is \_\_\_\_\_

OR

I am not sure of what the problem is, but the patient's status is deteriorating.

## **R** RECOMMENDATION

I suggest or request:

PRN visit or referral:     Nurse     PT     ST     OT     NH Aide     MSW     Dietician

Visits frequency change

Schedule for a physician office visit

Physician, Nurse Practitioner or Physician Assistant home visit

Pulse Oximetry             Telemonitoring             Lab work \_\_\_\_\_

Urinalysis, C&S             X-rays                             EKG

Medication changes \_\_\_\_\_

Wound care changes \_\_\_\_\_

Nutrition or fluid restriction changes \_\_\_\_\_

Other \_\_\_\_\_

Specific patient parameters \_\_\_\_\_

Call physician with \_\_\_\_\_

Staff Name \_\_\_\_\_ Date & Time \_\_\_\_\_

Physician's Name \_\_\_\_\_