NURSE DECODED

Practical Learning Made Easy

SBAR COMMUNICATION TOOL

Clinical Escalation & Handover Framework

Patient Name: | **DOB:** | **Age:** | **Unit / Room:** | **Adm. Date:**
Primary Dx: | **Code Status:** | **Allergies:**

S — SITUATION

Reason for call/What is happening right now:

Nurse Name & Designation: | **Time of Call:**

I am calling because I am concerned about:

B — BACKGROUND

Admitting / Primary Diagnosis: | **Relevant History:** | **Last Set of Vitals (baseline):**

Current Medications (relevant):

Allergies: | **Code Status:**

Recent Labs / Investigations:

Other relevant context:

A — ASSESSMENT

CURRENT VITAL SIGNS

BP:	HR:	RR:	Temp:	SpO2:

SYSTEMS ASSESSMENT

Neuro / LOC:	Resp / Lung Sounds:	CV / Perfusion:
GI / GU:	Skin / Wounds:	Pain:

IV Access / Lines / Drains: | **Labs / Results of note:**

My clinical impression / concern:

R — RECOMMENDATION

What I need from you / What I am requesting:

Physician / Provider Notified: | **Time:**

Order(s) Received: | **Charge RN Notified:**

Patient / Family Notified: | **Documentation Completed:** ☐