

SBAR Template for Physician/NP Communication

SITUATION, BACKGROUND, ASSESSMENT, RECOMMENDATION/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.

Resident name:	DOB:	Unit/room:

S | 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:

B | Background

Primary diagnosis or reason resident is in facility:	Recent lab or diagnostic test results:
Pertinent history (e.g., precipitating, aggravating, alleviating factors):	Medication allergies and reactions:
Has reason for call occurred before? Describe:	Advance directives / POLST:

A | Assessment

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

I'm not sure what is going on. Describe:

R | Recommendation/Request:

Visit? Specify: **Medication change?** Specify: **New order?** Specify: **Just providing information.**

Instructions or questions from physician/NP:

Criteria

Indicate which of the following criteria are applicable.

Mental Status:		GI/Abdomen:	
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:		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:	
Other, describe:	_____	Painful urination (dysuria)	_____
Eye/Ear:		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:	
Nose/Mouth/Throat:		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:		Other Issues:	
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	_____		

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Loeb M, et al. Development of Minimum Criteria for the Initiation of Antibiotics in Residents of Long-Term Care Facilities: Results of a Consensus Conference. Inf Control Hosp Epi. 2001; 22:120-4.

Stone ND, et al. Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria. Inf Control Hosp Epi. 2012; 33: 965-77.