S

## **Situation:**

I am (name), (X) nurse on ward (X)
I am calling about (patient X)
I am calling because I am concerned that...
(e.g. BP is low/high, pulse is XX temperature is XX, Early Warning Score is XX)

B

## **Background:**

Patient (X) was admitted on (XX date) with (e.g. MI/chest infection)

They have had (X operation/procedure/investigation)

Patient (X)'s condition has changed in the last (XX mins)

Their last set of obs were (XX)

Patient (X)'s normal condition is...

(e.g. alert/drowsy/confused, pain free)

## **Assessment:**

I think the problem is (XXX)

And I have...

(e.g. given O<sub>2</sub>/analgesia, stopped the infusion)

OR

I am not sure what the problem is but patient (X) is deteriorating

OR

I don't know what's wrong but I am really worried

R

## **Recommendation:**

I need you to...

Come to see the patient in the next (XX mins)

AND

Is there anything I need to do in the mean time? (e.g. stop the fluid/repeat the obs)

Ask receiver to repeat key information to ensure understanding

The SBAR tool originated from the US Navy and was adapted for use in healthcare by Dr M Leonard and colleagues from Kaiser Permanente, Colorado, USA