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| **Clinical SBAR REPORT Template**  **Situation/Background/Assessment/Recommendations** | | | | | | |
| **S** | **Pt. Initials: Age: Rm# Admit date:**  **MD (primary & consults):**  **Admission/Primary Dx:**  **Pt Changes or Pt Stable** | | | | | |
| **B** | **Allergies:**  **Code Status: Isolation: Restraints: Other Precautions:**  **Medical Hx/Chronic Dx**  **Surgeries/Procedures:**  **Family Situation:** | | | | | |
| **A** | **VS**:  **Neuro:**  Pain w/location  AAO x3  Mood  Speech pattern  Hearing (aid)  Glasses/Blind  Neurocheck  **CV:**  Abn findings  Tele  Pacer  **Resp:**  Abn findings  02/L  Inc. Spir.  **Endocrine:**  Acc **√** : time: BS: Coverage:  time: BS: Coverage: | | | **Musculo/Skeletal**  Activity/assist x\_  Ambulatory Aids  **GI:**  Diet/Tolerance  Feeding Tube  Aspiration/Swallowing Precautions  Dentures  Last BM  **GU:**  I/O  Foley  **Skin:**  Drains  Wd/Pres. Ulcers  Braden Scale  **IV Access & Fluids:** | | |
| **R** | **Plan for Shift:** ADLs: C/P/S **Daily Wgt**:  Treatments:  Time for PT/Tests off Unit:  Estimated Date of D/C or Transfer  **Teaching/Learning/Special Needs** | | | | | |
| **Labs:**    **Other Diagnostics:** | | | | | | |
| **Medications:** | | **Dose** | **Route** | | **Indication** | **Time** |
| 1. | |  |  | |  |  |
| 2. | |  |  | |  |  |
| 3. | |  |  | |  |  |
| 4. | |  |  | |  |  |
| 5. | |  |  | |  |  |
| 6. | |  |  | |  |  |