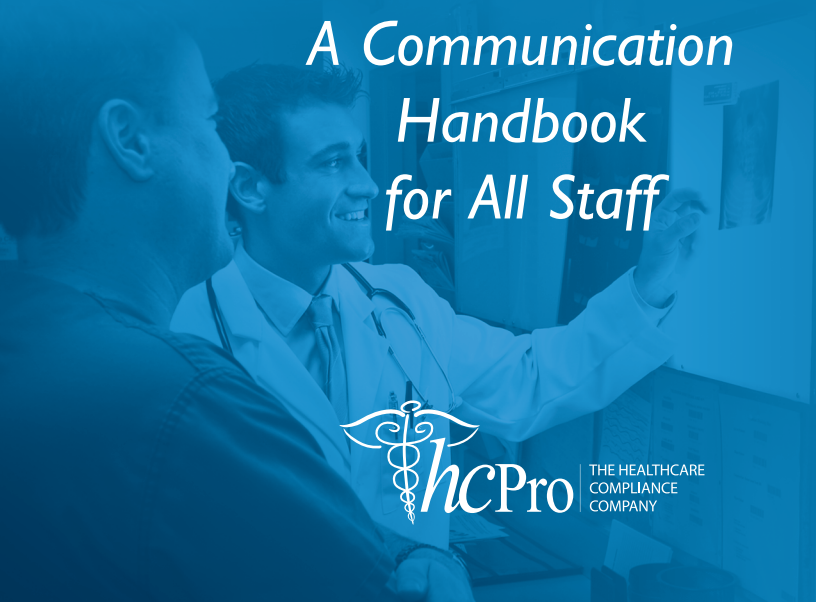
SBAR

SITUATION, BACKGROUND, ASSESSMENT, RECOMMENDATION

A Communication Handbook for All Staff



HCPro
THE HEALTHCARE COMPLIANCE COMPANY

SBAR

SITUATION, BACKGROUND, ASSESSMENT, RECOMMENDATION

A Communication Handbook for All Staff

SBAR: Situation, Background, Assessment, Recommendation—A Communication Handbook for All Staff is published by HCPro, Inc.

ISBN-13: 978-1-57839-813-3
ISBN-10: 1-57839-813-4

Molly Hall, Executive Editor
John Novack, Group Publisher
Jean St. Pierre, Director of Operations
Mike Mirabello, Senior Graphic Artist
Shane Katz, Cover Designer

For more information, contact:

HCPro, Inc.
P.O. Box 1168
Marblehead, MA 01945
Telephone: 800/650-6787 or 781/639-1872
Fax: 781/639-2982
E-mail: *customerservice@hcpro.com*

Visit HCPro at its World Wide Web sites:
www.hcmarketplace.com* and *www.hcpro.com

Rev. 02/2007
21110

Contents

SAMPLE

SBAR: Situation, Background, Assessment, Recommendation

Introduction

Hospitals are centers of communication. Patients who come into your facility will be treated by any number of healthcare professionals. Each person who works with a patient must provide accurate and updated information to other caregivers. After a while, all of the information about a patient's condition can become confusing and scattered.

Whether you're a nurse, dietician, maintenance worker, or surgeon, your ability to communicate information effectively and efficiently greatly affects patient safety. In fact, data shows that most medical errors occur as a result of communication breakdowns.

Where communication fails:

- Failure to get attention
- Failure to communicate level of concern
- Failure to communicate real problem
- Failure to communicate desired action
- Failure to reach decision together before communication is cut off

SBAR (pronounced s-bar) is a communication tool that can improve the way you communicate.

SBAR stands for

- **S**ituation
- **B**ackground
- **A**ssessment
- **R**ecommendation

SBAR helps you outline the most important points of a situation and remove irrelevant information. Regardless of your job or role, this simple technique will help you organize information and present it in a way that provides important facts in a quick, coherent way.

SBAR communication: Who?

- ✔ Nurse to physician
- ✔ Physician to physician
- ✔ Resident to attending
- ✔ Nurse to nurse
- ✔ Pharmacy to physician/nurse
- ✔ Nurse to technician
- ✔ Bed control to nurse
- ✔ Administrator to physician
- ✔ Office/dietary/housekeeping staff to patient

This training handbook will explain each step of SBAR, provide examples of when SBAR might be used, and offer opportunities for you to practice your SBAR skills.

What is SBAR?

SBAR was developed by the United States Navy for submariners, who often work in stressful, time-critical environments. Sound familiar? Hospitals are often stressful places with significant time constraints, especially in an emergency.

Each component of SBAR—situation, background, assessment, recommendation—provides a format for which to present information in a specific, organized way.

Situation

The first step of the SBAR tool is stating the *situation*. In other words, what is the problem?

The situation should include:

- Your name and unit
- Patient's name, physician, room number
- Brief statement of your concerns

SBAR Script: Situation

I am calling about

_____.

The patient's code status is

_____.

The problem I am calling about is

_____.

SBAR Script: Situation (cont.)

I have just assessed the patient personally:

- Vital signs are: Blood pressure _____ /_____, pulse _____, and temperature _____.

I am concerned about the patient's

– blood pressure because it is over 200 or less than 100
– pulse because it is over 140 or less than 50
– respiration because it is less than five or over 40
– temperature because it is less than 96 or over 104

Background

The second step of SBAR is *background*. Provide a brief history on the patient or situation, making sure the information is pertinent to the situation at hand.

The background may include:

- Admission diagnosis and date of admission
- Pertinent medical history
- Brief synopsis of the treatment to date
- Clinical assessment (neuro, resp, cardio, GI/GU/bowl, integ, wound)
- Recent interventions given and effectiveness

- Abnormal lab or imaging tests, telemetry
- Status of IV
- Gait/fall precautions
- Diet
- Living situation; discharge plan
- Vaccines, allergies

SBAR SCRIPT: BACKGROUND

The patient's mental status is _____

- ❑ alert and oriented to person, place, and time
- ❑ confused and cooperative or noncooperative
- ❑ agitated or combative
- ❑ lethargic but conversant and able to swallow
- ❑ stuporous, not talking clearly, and possibly unable to swallow
- ❑ comatose, eyes closed, and not responding to stimulation

SBAR script: Background (cont.)

The skin is

- ❑ warm and dry
- ❑ mottled
- ❑ extremities are cold
- ❑ diaphoretic
- ❑ pale
- ❑ extremities are warm

The patient is not or is on oxygen.

- ❑ The patient has been on _____ (l./min.) or (%) oxygen for _____ minutes (hours)
- ❑ The oximeter reads _____%
- ❑ The oximeter does not detect a good pulse and is giving erratic readings

The third part of the SBAR tool is making an *assessment*:

The assessment should include:

- Vital signs
- Oxygen status
- Any changes from prior assessments

SBAR SCRIPT: ASSESSMENT

I think the problem is _____
_____.

- ❑ The problem seems to be cardiac/infection/neurologic/respiratory _____.
- ❑ I am not sure what the problem is, but the patient is deteriorating.
- ❑ The patient seems to be unstable and may get worse. We need to do something.

Recommendation

The final SBAR step is *recommendation*. Give a recommendation (or a response) based on the situation, background, and assessment of the case. In other words, what do you think needs to be done?

The recommendation should include:

- Anything that needs to be attended to immediately
- Details on what the patient's physician has been told
- Anything that has been left undone

- Information on anything that could not be finished during your shift/time with the patient

For many people, the recommendation step of SBAR is the most intimidating. You may feel unqualified to make a recommendation or worry that the recommendation you make is incorrect.

It's natural to worry about making a recommendation—especially if you are new or inexperienced. But, remember you are not making the final decision. The purpose of the recommendation stage is to outline your thoughts. It's up to the physician or responsible party to decide how to act. Saying something as simple as, "I need you to check on the patient now," is a proper recommendation.

SBAR script: Recommendation

I suggest or request that you _____

_____.

- ❑ transfer the patient to critical care
- ❑ come to see the patient at this time
- ❑ talk to the patient or family about code status

SBAR script: Recommendation (cont.)

- ❑ ask the on-call family practice resident to see the patient now
- ❑ ask for a consultant to see the patient now

Are any tests needed?

Do you need any tests done (e.g., CXR, ABG, EKG, CBC, or BMP)?

Others?

If a change in treatment is ordered, ask

- ❑ how often do you want vital signs?
- ❑ how long do you expect this problem will last?
- ❑ if the patient does not get better, when would you want us to call

Critical language

It is important that your recommendation be taken seriously—regardless of who is receiving it. The use of "critical" language can increase the intensity of your message. Critical language uses words that convey a sense of urgency.

"This patient needs medication now."
"I need you to check on the patient immediately."

"CRITICAL" WORDS:

- Now
- Must
- Need
- Immediately
- Critical
- Priority
- Important
- Quickly
- Requires
- At once
- Instantly/this instant
- Acute
- Imperative
- Vital
- Crucial
- Urgent
- Essential

To help you remember the SBAR steps, you may want to carry a card like the one on the next two pages.

Sample SBAR card

SBAR report about a critical situation

S **Situation**

I am calling about <*patient name and location*>.
The patient's code status is <*code status*>.
The problem I am calling about is _____.
I have just assessed the patient personally:

- **Vital signs are:** Blood pressure ____ /____, pulse _____, respiration ____, and temperature _____.
- **I am concerned about the patient's**
  - blood pressure because it is over 200 or less than 100 or 30 mmHg below usual
  - pulse because it is over 140 or less than 50
  - respiration because it is less than five or over 40
  - temperature because it is less than 96 or over 104

B **Background**

The patient's mental status is

- alert and oriented to person, place, and time
- confused and cooperative or noncooperative
- agitated or combative
- lethargic but conversant and able to swallow
- stuporous, not talking clearly, and possibly unable to swallow
- comatose, eyes closed, and not responding to stimulation

The skin is

- warm and dry
- pale
- diaphoretic
- extremities are cold
- mottled
- extremities are warm

The patient is not or is on oxygen.

- The patient has been on _____ (l./min.) or (%) oxygen for _____ minutes (hours)
- The oximeter reads _____%
- The oximeter does not detect a good pulse and is giving erratic readings

Sample SBAR card

A Assessment

I think the problem is *<say what you think is the problem>*_____.

- The problem seems to be cardiac/infection/neurologic/respiratory_____.
- I am not sure what the problem is, but the patient is deteriorating.
- The patient seems to be unstable and may get worse. We need to do something.

R Recommendation

I suggest or request that you *<say what you would like to see done>* .

- transfer the patient to critical care
- come to see the patient at this time
- talk to the patient or family about code status
- ask the on-call family practice resident to see the patient now
- ask for a consultant to see the patient now

Are any tests needed?
Do you need any tests done (e.g., CXR, ABG, EKG, CBC, or BMP)?
Others?

If a change in treatment is ordered, ask

- how often do you want vital signs?
- how long do you expect this problem will last?
- if the patient does not get better, when would you want us to call again?

SBAR in action

SBAR is a useful technique for all types of communication—not just emergencies. However, when you are nervous, hurried, or under stress, your potential for communication errors is heightened. At these times, SBAR can be a life-saving communication tool.

When SBAR is a "must":

- During a patient hand-off
- During RN to MD communication
- When calling a emergency response team (e.g. RRT, MRT)
- When resolving a consumer (patient or family) issue

Let's take a closer look at SBAR in these situations.

Using SBAR during patient hand-offs

SBAR is especially useful in hand-off situations where the care of a patient is transferred between shifts, floors, or staff members. The Joint Commission on the Accreditation of Healthcare Organizations has made patient hand-offs a National Patient Safety Goal. Part of the goal requires that patient hand-offs provide time for caregivers to ask and answer questions. With SBAR, you may

be able to answer most questions even before they are asked.

Using SBAR during RN to MD communication

When nurses need to communicate with physicians, especially if the physician is off duty, there is the potential for miscommunication. Nurses are trained to be narrative and descriptive. Physicians, however, want to get straight to the "meat" of the issue: What specifically is wrong and what do you want me to do?

SBAR gives you the chance to organize your thoughts and prioritize information before talking to a physician. And it helps a physician get the facts she needs in a clear and concise way.

Before talking to a physician, ask yourself (you may even want to write down your answers!):

- Why I am calling this physician?
- What's happening to the patient that makes this call important?
- What information is relevant to the situation?
- What might it mean?
- What would I do if I had to make the decision?

Tips for calling a physician

Before calling the physician:

- ❑ Assess the patient
- ❑ Review the chart for the appropriate physician to call
- ❑ Know the admitting diagnosis
- ❑ Read the most recent progress notes and the assessment from the nurse of the prior shift.

Have available when speaking to the physician:

- ❑ Chart, allergies, meds, IV fluids, labs/results

Using SBAR with emergency response teams

You may work in a facility that has an emergency response team (often called a rapid response team). This is a specific team designated to respond to patients in trouble.

Depending on your hospital's specific policy, you may need to activate this emergency team at some point. SBAR will help you present key information needed to help a

patient whose condition is deteriorating. The team needs critical information about the patient to assess the situation.

Using SBAR when resolving a complaint

Dealing with a dissatisfied patient or family member can be a stressful situation. SBAR can help you organize your response to the complaint and explain the situation in a clear and concise manner. However, don't become so locked into the four steps of SBAR that you become robotic. Remember that you want to remain caring and compassionate while resolving the complaint.

Summary

Like any new technique, the best way to master SBAR is to practice it. Use it in phone calls, e-mails, memos, or any other time you have to communicate. Once you get the hang of it, you'll find that communicating in critical situations will become easier and take less time. Clear, effective communication will saves lives and makes all of our jobs easier.

SBAR PRACTICE AND DISCUSSION

Use the following scenarios to practice your SBAR technique. Think about how you would communicate in these situations. Discuss your ideas with your manager and other staff members.

Scenario one

A patient arrived in your outpatient clinic today for an evaluation and is seemingly intoxicated. She has missed the last two appointments. She has a history of paranoid schizophrenia and is on medication. She also has a history of rheumatic heart disease and atrial fibrillation. She is scheduled for mitral valve replacement and cardiology clinic has referred the patient to you. The clinic is extremely busy today.

- What are you concerned about?
- How should the clinic handle this situation?
- Who do you need to call and how will you organize your thoughts before calling?

SBAR PRACTICE AND DISCUSSION (CONT.)

Scenario two

You are taking care of a 72-year-old female for the first time tonight. You've been told at shift report that the patient is doing well but has had a rough day with lots of family and visitors. She has not had much chance to rest. At 2:30 a.m., you enter the patient's room to take vitals. She is arousable but her heart rate is 42. Her blood pressure is 98/40, and her pulse rate is regular. She was admitted three days ago in rapid atrial fibrillation, diuresed, and placed on a beta blocker. She is also on digoxin 0.25 mg p.o.q. AM. Her last potassium 2 days ago was 3.8. The patient is scheduled to undergo a colonoscopy around noon, since she was noted to have heme and stools. She is NPO and has taken her bowel prep.

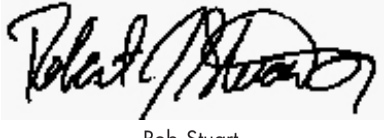
Certificate of completion

This is to certify that

_____

has read and successfully passed the final exam of

SBAR: Situation, Background, Assessment, Recommendation—
A Communication Handbook for All Staff



Rob Stuart
Senior Vice President/Chief Operating Officer

HCPro

Order your copy today!

Please fill in the title, price, order code and quantity, and add applicable shipping and tax. For price and order code, please visit *www.hcmarketplace.com*. If you received a special offer or discount source code, please enter it below.

Title	Price	Order Code	Quantity	Total
				$

Your order is fully covered by a 30-day, money-back guarantee.

Shipping* (see information below)	$
Sales Tax** (see information below)	$
Grand Total	$

➲ **Enter your special Source Code here:**

Name

Title

Organization

Street Address

City State ZIP

Telephone Fax

E-mail Address

***Shipping Information**
Please include applicable shipping. For books under $100, add $10. For books over $100, add $18. For shipping to AK, HI, or PR, add $21.95.

****Tax Information**
Please include applicable sales tax. States that tax products and shipping and handling: CA, CO, CT, FL, GA, IL, IN, KY, LA, MA, MD, ME, MI, MN, MO, NC, NJ, NM, NY, OH, OK, PA, RI, SC, TN, TX, VA, VT, WA, WI, WV.

State that taxes products only: AZ.

BILLING OPTIONS:

☐ Bill me ☐ Check enclosed (payable to HCPro, Inc.) ☐ Bill my facility with PO # _____

☐ Bill my (✓ one): ☐ VISA ☐ MasterCard ☐ AmEx ☐ Discover

Signature Account No. Exp. Date

(Required for authorization) (Your credit card bill will reflect a charge from HCPro, Inc.)

Order online at *www.hcmarketplace.com*

Or if you prefer:

MAIL THE COMPLETED ORDER FORM TO: HCPro, Inc. P.O. Box 1168, Marblehead, MA 01945

CALL OUR CUSTOMER SERVICE DEPARTMENT AT: 800/650-6787

FAX THE COMPLETED ORDER FORM TO: 800/639-8511

E-MAIL: *customerservice@hcpro.com*

 Code: EBKSMPL