

SBAR Technique for Communication: A Situational Briefing Model

The SBAR (Situation-Background-Assessment-Recommendation) technique provides a framework for communication between members of the health care team about a patient's condition. SBAR is an easy-to-remember, concrete mechanism useful for framing any conversation, especially critical ones, requiring a clinician's immediate attention and action.

Key Point: Poor communication is seen as a root cause of many adverse events.

S * Situation: What is going on with the patient? What is the situation you are calling about?

This includes patient identification information, code status, vitals, and the nurse's concerns.

- Identify self, unit, patient, room number.
- Briefly state the problem, what is it, when it happened or started, and how severe.

B* Background: What is the key clinical background or context?

Pertinent background information related to the situation could include the following:

- The admitting diagnosis and date of admission
- List of current medications, allergies, IV fluids, and labs
- Most recent vital signs
- Lab results: provide the date and time test was done and results of previous tests for comparison
- Other clinical information
- Code status

A* Assessment: What do I think the problem is? What is the nurse's assessment of the situation?

Here the nurse indicates what he or she believes to be the problem based on client history and current assessment.

R* Recommendation: What do I recommend or what do I want you to do? What is the nurse's recommendation or what does he/she want?

Physician follow-up actions are suggested, including possible tests.

Examples:

- Notification that patient has been admitted
- Patient needs to be seen now
- Order change

<h1>S</h1>	<p><u>Situation</u> I am calling about <patient name and location> The patient's code status is <code status> The problem I am calling about it _____</p> <ul style="list-style-type: none"> I am afraid that the patient is going to arrest. <p>I have just assessed the patient personally:</p> <p>Vital signs are: BP ___/___, Pulse ____, Respiration ____, Temp ____</p> <p>I am concerned about the:</p> <ul style="list-style-type: none"> 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 5 or over 40. Temperature because it is less than 96 or over 104.
<h1>B</h1>	<p><u>Background</u> The patient's mental status is:</p> <ul style="list-style-type: none"> Alert and oriented to person, place, and time Confused and cooperative or non-cooperative Agitated or combative Lethargic but conversant and able to swallow Stuporous and not talking clearly and possibly not able to swallow Comatose. Eyes closed. Not responding to situation. <p>The skin is:</p> <ul style="list-style-type: none"> Warm and dry Pale Mottled Diaphoretic Extremities are cold Extremities are warm <p>The patient is not or is on oxygen</p> <ul style="list-style-type: none"> The patient has been on ____ (l/min) or (%) oxygen for ____ minutes (hours) The oximeter is reading ____% The oximeter does not detect a good pulse and is giving erratic readings.
<h1>A</h1>	<p><u>Assessment</u></p> <ul style="list-style-type: none"> This is what I think the problem is: <say what you think is the problem> The problem seems to be cardiac, infection, neurological, respiratory, etc. 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.
<h1>R</h1>	<p><u>Recommendation</u> I suggest or request that you <say what you would like to see done></p> <ul style="list-style-type: none"> 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 <p>Are any tests needed:</p> <ul style="list-style-type: none"> Do you need any tests like CXR, ABG, EKG, CBC, or BMP? Others? <p>If a change in treatment is ordered then ask:</p> <ul style="list-style-type: none"> 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?

Guidelines for Communicating with Physicians Using the SBAR Process

1. Use the following modalities according to physician preference, if known. Wait no longer than five minutes between attempts.
 - a. Direct page (if known)
 - b. Physician's call service
 - c. During weekdays, the physician's office directly
 - d. On weekends and after hours during the week, physician's home phone
 - e. Cell phone

*Before assuming that the physician you are attempting to reach is not responding, utilize all modalities. For emergent situations, use appropriate resident service as needed to ensure safe patient care.

2. Prior to calling the physician, follow these steps:
 - Have I seen and assessed the patient myself before calling?
 - Has the situation been discussed with a resource nurse or preceptor?
 - Review the chart for appropriate physician to call.
 - Know the admitting diagnosis and date of admission.
 - Have I read the most recent MD progress notes and notes from the nurse who worked the shift ahead of me?
 - Have available the following when speaking with the physician:
 - Patient's chart
 - List of current medications, allergies, IV fluids, and labs
 - Most recent vital signs
 - Reporting lab results: provide the date and time test was done and results of previous tests for comparison.
 - Code status
3. When calling the physician, follow the SBAR process:
 - (S) Situation**
 - (B) Background**
 - (A) Assessment**
 - (B) (R) Recommendation:**
4. Document the change in the patient's condition and physician notification.

Adapted from

- www.sbar.org
- IHI.org
- Healthcare Benchmarks and Quality Improvement
- A WHONN