

# 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:**

**Pertinent history** (e.g., precipitating, aggravating, alleviating factors):

**Has reason for call occurred before?** Describe:

**Recent lab or diagnostic test results:**

**Medication allergies and reactions:**

**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:**

New/worsening confusion

New onset of delirium

New/worsening behavioral symptoms

Altered level of consciousness

Other, describe:

**Functional Status:**

Needs more assistance with ADLs

Decreased mobility

Fall, gait disturbance

Weakness or hemiparesis

Slurred speech

Trouble swallowing

Other, describe:

**Eye/Ear:**

Vision loss (partial/complete)

Pus from one or both eyes

New/increasing conjunctival swelling

New/increasing conjunctival pain

Itching of one or both eyes

Redness of one or both eyes

Bleeding from the ear canal

Discharge from the ear canal, describe:

Acute hearing loss

Wax impaction

Ringing, or other noise in the ears

Pain of external or internal ear(s)

Other, describe:

**Nose/Mouth/Throat:**

Nasal discharge, describe color and consistency:

Nasal congestion

Nosebleed

Sneezing

Toothache

Inflamed oral mucosa with raised white patches

Sore throat, hoarseness, or difficulty swallowing

Swollen or tender glands in the neck

Other, describe:

**Cardiac/Respiratory System:**

Chest pain/tightness, describe:

Abnormal heart sounds

Edema (different from baseline)

Dizziness or lightheadedness

Shortness of breath

Labored breathing

Abnormal lung sounds

Cough (productive/non-productive)

Coughing up blood (hemoptysis)

Purulent sputum production

Other, describe

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**GI/Abdomen:**

Nausea

Vomiting (# of episodes/24 hours \_\_\_)

Diarrhea (# of episodes/24 hours \_\_\_)

New/worsening stool incontinence

Rectal bleeding or blood in stool

Decreased appetite

Abdominal pain / tenderness

Distended abdomen

Decreased bowel sounds

Constipation

Other, describe:

**Urine/Genitourinary Tract:**

Painful urination (dysuria)

New/worsening urination frequency

New/worsening urination urgency

New/worsening incontinence

Flank pain (costovertebral angle (CVA) tenderness)

Suprapubic pain

Hesitancy or decreased urine output

Blood in urine (gross hematuria)

Cloudy or concentrated urine

Foul-smelling urine

Pain, tenderness, or swelling of the testes, epididymis, or prostate

Redness, edema, or excoriation of female external genitalia

Discharge from the penis or vagina

Other, describe:

**Skin/Soft Tissue:**

New/increasing purulent drainage at a wound, skin, or soft-tissue site

New/increasing redness at site

New/increasing tenderness/pain at site

New/increasing warmth at site

New/increasing swelling at site

New/increasing serous drainage at site

Rash, describe:

Lesion, describe:

Itching, describe area and intensity:

Other, describe:

**Other Issues:**

Fever or hypothermia (different from baseline)

Shaking chills (rigors)

Headache

Fainting (syncopal episode)

Sleep disturbance, describe:

Seizure or convulsions

Sprain or strain

Dislocation or fracture

Other, describe:

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