

SBAR/Communication

Instructional Module 1

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Professional Nursing Relationships

- Nurse-health care team relationships
 - SBAR (pronounced s bar)
 - Promotes effective interpersonal communication
 - Reduces the risk of errors

SBAR

- A tool that improves communication
 - *Standardizes the process*

SBAR

- Situation
 - Patient's details, identify reason for this communication, describe nurse's concern
- Background
 - Relating to the patient, significant history, this may include medications, investigations, treatments
- Assessment
 - Nurse's assessment of the patient or situation, this can include clinical impression/concerns, vital signs/early warning score
- Recommendations
 - Be specific, explain what is needed, make suggestions, clarify expectations, confirm actions to be taken

SBAR

- When SBAR is a **“must”**
 - During a patient hand-off
 - During RN-Healthcare provider communication
 - Any time there is important communication in the interdisciplinary team

SBAR Example

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. MV/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)

A

Assessment:

I think the problem is (XXX)
And I have...
(e.g. given O₂/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.

SBAR Scenario #1

55 year-old man with HTN

Admitted for GI bleed

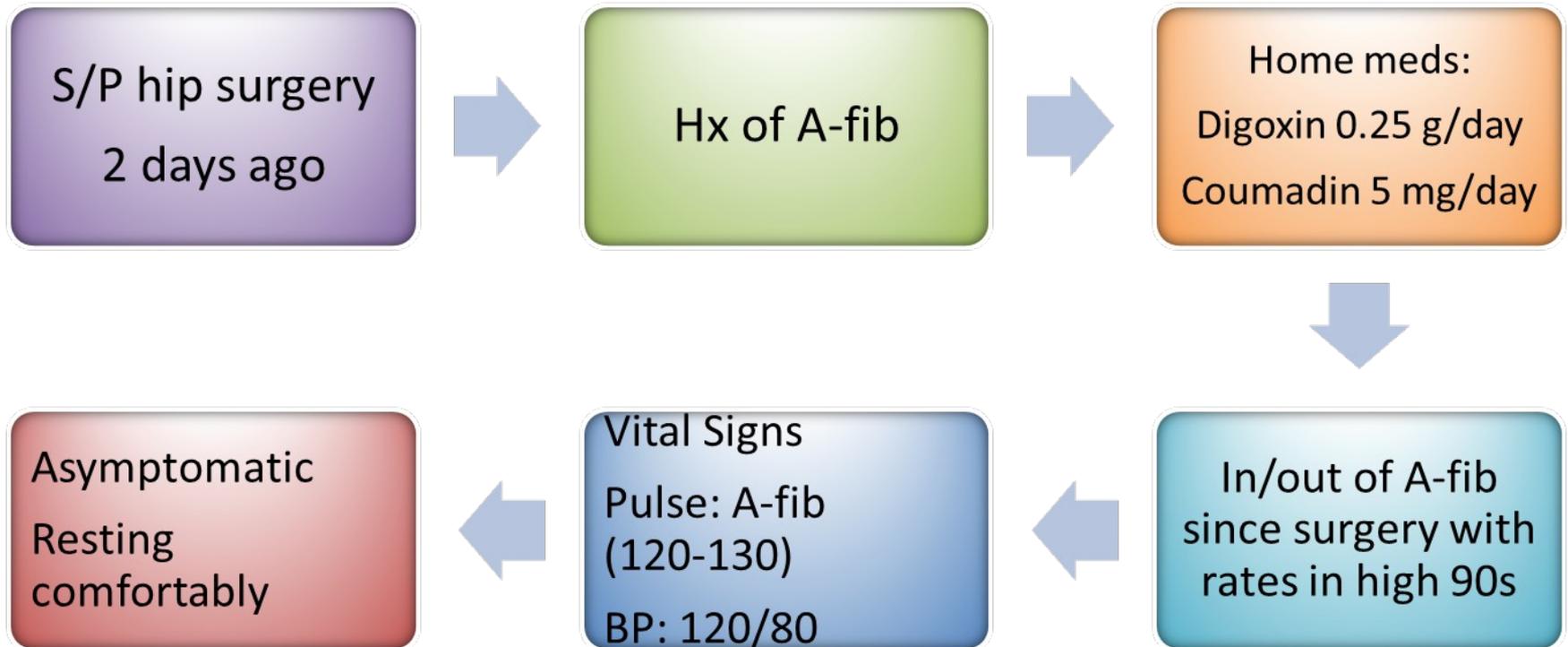
Received
2 units
PRBCs
Last hct
31

Vital
Signs
Pulse:
120
BP: 90/50

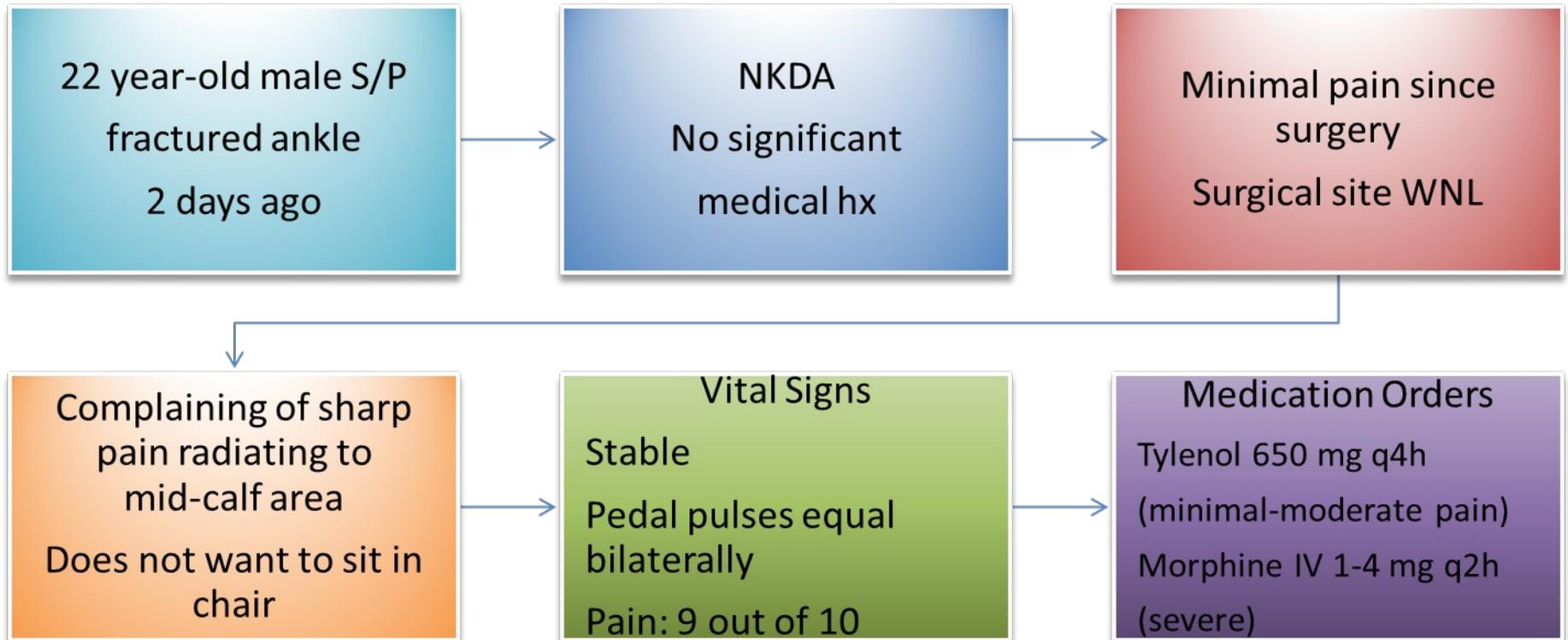
Looking
pale and
sweaty

Feels
confused
and weak
Complains
of a "heavy
chest"

SBAR Scenario #2



SBAR Scenario #3



SBAR Scenario #4

