

## SBAR report to physician about a critical situation

S	<p><b>Situation</b>  I am calling about &lt;patient name and location&gt;.  The patient's code status is &lt;code status&gt;  The problem I am calling about is _____.  I am afraid the patient is going to arrest.</p> <p>I have just assessed the patient personally:</p> <p>Vital signs are: Blood pressure ____/____, Pulse _____, Respiration____ and temperature _____</p> <p>I am concerned about the:</p> <p>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.</p>
B	<p><b>Background</b>  The patient's mental status is:  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 stimulation.</p> <p>The skin is:  Warm and dry  Pale  Mottled  Diaphoretic  Extremities are cold  Extremities are warm</p> <p>The patient is not or is on oxygen.  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.</p>
A	<p><b>Assessment</b>  This is what I think the problem is: &lt;say what you think is the problem&gt;  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.</p>
R	<p><b>Recommendation</b>  I suggest or request that you &lt;say what you would like to see done&gt;.  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> <p>Are any tests needed:  Do you need any tests like CXR, ABG, EKG, CBC, or BMP?  Others?</p> <p>If a change in treatment is ordered then ask:  How often do you want vital signs?  How long to you expect this problem will last?  If the patient does not get better when would you want us to call again?</p>

## 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.
  1. Direct page (if known)
  2. Physician's Call Service
  3. During weekdays, the physician's office directly
  4. On weekends and after hours during the week, physician's home phone
  5. 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 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:** What is the situation you are calling about?

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

**(B) Background:** 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

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**(A) Assessment:** What is the nurse's assessment of the situation?

**(R) Recommendation:** What is the nurse's recommendation or what does he/she want?

Examples:

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

4. Document the change in the patient's condition and physician notification.