

SBAR Training Case Studies

Case Study 1: Asepsis & Post-Operative Infection

Patient Information

Name: Maria Gonzalez

Age: 67

Sex: Female

Ethnicity: Hispanic

Language Preference: Spanish (limited English proficiency)

Admission Reason: Total abdominal hysterectomy for uterine fibroids

Post-op Day: 3

Medical History:

- Type 2 Diabetes (HbA1c: 8.2%)
- Hypertension
- Obesity (BMI: 34)
- GERD

Surgical Details:

- Procedure: Total abdominal hysterectomy
- Duration: 3.5 hours
- Surgeon: Dr. Patel
- Anesthesia: General
- Foley catheter removed POD 2

Current Status:

- Vitals: T 100.8°F, HR 98, BP 142/88, RR 18, SpO₂ 96% RA
- Incision: Midline abdominal, 12 cm, dressing intact but saturated with yellow drainage
- Pain: 7/10 at incision site
- Labs: WBC 14.2, Glucose 198
- Meds: Metformin, Lisinopril, Acetaminophen PRN
- Nutrition: NPO until bowel sounds return (now audible)
- Mobility: Limited; ambulating with assistance
- Psychosocial: Anxious about recovery, prefers daughter present during care

Environmental Factors:

- Roommate with MRSA history
- Dressing change yesterday done by float nurse unfamiliar with aseptic protocol
- Supplies: Limited sterile gauze available on unit

Case Study 2: CVAD Dressing & CLABSI Risk

Patient Information

Name: James Carter

Age: 45

Sex: Male

Ethnicity: African American

Admission Reason: Crohn's flare requiring TPN

Medical History:

- Crohn's Disease
- Depression
- History of opioid misuse (in remission)
- Multiple prior central line placements

Current Status:

- CVAD: Right subclavian triple lumen, placed 5 days ago
- Dressing: Tegaderm lifting at edges, mild erythema at insertion site
- Vitals: T 101.2°F, HR 110, BP 130/76, RR 20, SpO₂ 98% RA
- Symptoms: Chills, fatigue, nausea
- Labs: WBC 15.6, Lactate 2.1, Blood cultures pending
- Meds: TPN, Prednisone, Ondansetron
- Nutrition: NPO
- Psychosocial: Lives alone, worried about missing work
- Communication: Alert, cooperative, asks detailed questions

Environmental Factors:

- Dressing change overdue (last documented 72 hours ago)
- Nurse preceptor observed improper glove use during last dressing change
- IV pump alarm frequently ignored due to staffing shortage

Case Study 3: Ethics & Legal Implications – Advance Directive Conflict

Patient Information

Name: Thomas Nguyen

Age: 82

Sex: Male

Ethnicity: Vietnamese

Language Preference: English (fluent)

Admission Reason: COPD exacerbation

Medical History:

- CHF
- COPD
- Advanced Dementia
- Chronic Kidney Disease Stage 3
- Multiple hospitalizations in past 6 months

Advance Directive:

- Signed DNR and DNI
- POLST form on file
- Healthcare proxy: Daughter, Linh Nguyen

Current Status:

- Vitals: T 98.6°F, HR 88, BP 110/70, RR 28, SpO₂ 88% on 4L NC
- Symptoms: Labored breathing, confusion, non-verbal
- Labs: ABG shows respiratory acidosis
- Meds: Albuterol, Furosemide, Morphine PRN
- Nutrition: Poor intake, on thickened liquids
- Psychosocial: Family at bedside, visibly distressed

Family Dynamics:

- Daughter Linh supports DNR
- Son David demands “everything be done”
- Conflict escalating; nurse feels pressured
- Ethics consult not yet initiated

Environmental Factors:

- ICU bed requested but not yet available
- Primary physician off duty; covering resident unfamiliar with case