

SBAR Communication Tool

<p>S</p>	<p>Your Name & Role:</p> <p>Age/Gender:</p> <p>Code Status:</p>	<p>Current Issue/Concern:</p> <p>Admitting Diagnosis:</p>
<p>B</p>	<p>Relevant Medical History:</p> <p>Current Medications:</p>	<p>Allergies:</p> <p>Lab Results (if relevant):</p>
<p>A</p>	<p>Vital Signs:</p> <p>Temp: _____</p> <p>HR: _____</p> <p>BP: _____</p> <p>RR: _____</p> <p>O₂ Sat: _____</p> <p>Mental status:</p> <p>Current assessment updates:</p> <p>Mobility and fall risk:</p>	<p>Pain or discomfort:</p> <p>Location:</p> <p>Intensity:</p> <p>Quality:</p> <p>Skin condition (e.g., wounds, pressure injuries):</p> <p>I&O status (IV status, oral fluids, urine, bowel movements):</p>
<p>R</p>	<p>What needs to follow-up on the next shift?</p> <p>Labs or tests pending</p> <p>Meds due or recommend</p> <p>Patient education needs</p> <p>Discharge planning</p> <p>Any concerns to monitor</p>	