SBAR Communication Tool

S	**Your Name & Role:** **Age/Gender:** **Code Status:**	**Current Issue/Concern:** **Admitting Diagnosis:**
B	**Relevant Medical History:** **Current Medications:**	**Allergies:** **Lab Results (if relevant):**
A	**Vital Signs:** Temp: _____ HR: _____ BP: _____ RR: _____ O_2 Sat: _____	**Pain or discomfort:** Location: Intensity: Quality:
	Mental status: **Current assessment updates:** **Mobility and fall risk**:	**Skin condition (e.g., wounds, pressure injuries):** **I&O status (IV status, oral fluids, urine, bowel movements):**
R	What needs to follow-up on the next shift? Labs or tests pending Meds due or recommend Patient education needs Discharge planning Any concerns to monitor	