Interior Health

SBAR Documentation for Adults

☐ **Physician Called:** _____ (name), and/or
☐ **Rapid Response Team Called**

Date	Time of Call	**MRP:**

Situation

BP _____ / _____, Pulse _____, Respiration _____, Temperature _____
SpO$_2$ _____ on Oxygen _____ L/FiO$_2$ by ☐ mask ☐ prongs   RT has seen ☐ Yes ☐ No
Skin is: ☐ Warm & Dry ☐ Pale ☐ Diaphoretic ☐ Mottling on the trunk of the body
Extremities are: ☐ Warm ☐ Cool ☐ Mottled
☐ **Blood Pressure Concern** (SBP less than 90 mmHg or decreased by 30 mmHg or more)
☐ **Pulse Concern** (HR greater than 120 or less than 50 bpm)
☐ **Respiratory Concern** (RR greater than 25 or less than 8 breaths/min, increasing work of breathing, or increasing O$_2$ requirement)
☐ **Change in Level of Consciousness** (mental status)
☐ **Decreased Urine Output** (less than 80 mL over 4 hours)
☐ **None of the above**, but I'm concerned about this patient
Cardiac Rhythm (if on telemetry) _____
Chest Auscultation _____
Other / Notes _____

Background

Reason for Admission _____ Date of Admission _____
Last examined by Dr. _____ Time _____ Date _____
☐ Cardiac / Surgical Procedures _____ Date of Procedure _____
Level of Intervention (Code Status) _____
☐ Allergies _____ IV Fluids _____ Latest ☐ **CXR** _____ ☐ **ECG** _____
☐ **CBC** _____ ☐ **BUN** _____ ☐ **Creat** _____ ☐ **Lytes** _____ ☐ **Troponin** _____ ☐ **ABG** _____ ☐ **Other** _____
Other / Notes _____

Assessment

☐ This is what I think the problem is _____ & why _____
☐ 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
Other / Notes _____

Recommendations

I suggest or request that you: _____
☐ Transfer the patient to higher level of care
☐ Come to see the patient at this time
☐ Ask for a consultant to see the patient now
☐ Talk to the patient or family about code status
☐ Other _____
Tests Needed? ☐ **CXR** ☐ **ABG** ☐ **ECG** ☐ **CBC** ☐ Bun ☐ Creat ☐ Lytes ☐ Other
If a change in treatment: How often do you want vital signs? _____
How long do you expect this problem will last? _____
If the patient does not improve when shall I call you again? _____

Other / Notes (**Write orders on Drs Order Sheet**) Confirm orders / plan with physician

Part of permanent patient record

_____ RN / LPN

Signature of Nurse
826228 Sept 09-09