

# 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 _____  <input type="checkbox"/> 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> <ul style="list-style-type: none"> <li><input type="checkbox"/> Blood pressure because it is <input type="checkbox"/> over 200 or <input type="checkbox"/> less than 100 <input type="checkbox"/> or 30 mmHg below usual</li> <li><input type="checkbox"/> Pulse because it is <input type="checkbox"/> over 140 or <input type="checkbox"/> less than 50</li> <li><input type="checkbox"/> Respiration because it is <input type="checkbox"/> less than 5 or <input type="checkbox"/> over 40.</li> <li><input type="checkbox"/> Temperature because it is <input type="checkbox"/> less than 96 or <input type="checkbox"/> over 104.</li> </ul>
B	<p><b>Background</b>            The patient's mental status is:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Alert and oriented to person place and time.</li> <li><input type="checkbox"/> Confused and <input type="checkbox"/> cooperative or <input type="checkbox"/> non-cooperative</li> <li><input type="checkbox"/> Agitated or combative</li> <li><input type="checkbox"/> Lethargic but conversant and able to swallow</li> <li><input type="checkbox"/> Stuporous and not talking clearly and possibly not able to swallow</li> <li><input type="checkbox"/> Comatose. Eyes closed. Not responding to stimulation.</li> </ul> <p>The skin is:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Warm and dry</li> <li><input type="checkbox"/> Pale</li> <li><input type="checkbox"/> Mottled</li> <li><input type="checkbox"/> Diaphoretic</li> <li><input type="checkbox"/> Extremities are cold</li> <li><input type="checkbox"/> Extremities are warm</li> </ul> <p>The patient <input type="checkbox"/> is not or <input type="checkbox"/> is on oxygen.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The patient has been on _____ (l/min) or (%) oxygen for _____ minutes (hours)</li> <li><input type="checkbox"/> The oximeter is reading _____%</li> <li><input type="checkbox"/> The oximeter does not detect a good pulse and is giving erratic readings.</li> </ul>
A	<p><b>Assessment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> This is what I think the problem is: &lt;say what you think is the problem&gt;</li> <li><input type="checkbox"/> The problem seems to be <input type="checkbox"/> cardiac <input type="checkbox"/> infection <input type="checkbox"/> neurologic <input type="checkbox"/> respiratory <input type="checkbox"/> _____</li> <li><input type="checkbox"/> I am not sure what the problem is but the patient is deteriorating.</li> <li><input type="checkbox"/> The patient seems to be unstable and may get worse, we need to do something.</li> </ul>
R	<p><b>Recommendation</b></p> <p>I <input type="checkbox"/> suggest or <input type="checkbox"/> request that you &lt;say what you would like to see done&gt;.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> transfer the patient to critical care</li> <li><input type="checkbox"/> come to see the patient at this time.</li> <li><input type="checkbox"/> Talk to the patient or family about code status.</li> <li><input type="checkbox"/> Ask the on-call family practice resident to see the patient now.</li> <li><input type="checkbox"/> Ask for a consultant to see the patient now.</li> </ul> <p>Are any tests needed:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Do you need any tests like <input type="checkbox"/> CXR, <input type="checkbox"/> ABG, <input type="checkbox"/> EKG, <input type="checkbox"/> CBC, or <input type="checkbox"/> BMP?</li> <li><input type="checkbox"/> Others?</li> </ul> <p>If a change in treatment is ordered then ask:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> How often do you want vital signs?</li> <li><input type="checkbox"/> How long to you expect this problem will last?</li> <li><input type="checkbox"/> If the patient does not get better when would you want us to call again?</li> </ul>



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Patient Safety

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