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SBAR

Situation

Background

Assessment

Recommendation

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What is SBAR?

- SBAR is a structured method for communicating critical information that requires immediate attention and action
- SBAR improve communication, effective escalation and increased safety
- Its use is well established in many settings including the military, aviation and some acute medical environments
- SBAR has 4 steps
  - **S**ituation
  - **B**ackground
  - **A**ssessment
  - **R**ecommendation

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Why use SBAR?

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- To reduce the barrier to effective communication across different disciplines and levels of staff.
- SBAR creates a shared mental model around all patient handoffs and situations requiring escalation, or critical exchange of information (handovers)
- SBAR is memory prompt; easy to remember and encourages prior preparation for communication
- SBAR reduces the incidence of missed communications

How can SBAR help me?

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- Easy to remember
- Clarifies what information needs communicating quickly
- Points to action

Prevents “hinting and hoping”

Uses & Settings for SBAR

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- Inpatient or outpatient
- Urgent or non urgent communications
- Conversations with a physician, either in person or over the phone
- - Particularly useful in nurse to doctor communications
  - Also helpful in doctor to doctor consultation
- Discussions with allied health professionals
- - e.g. Respiratory therapy
  - e.g. Physiotherapy
- Conversations with peers
- - e.g. Change of shift report
- Escalating a concern
- Handover from an ambulance crew to hospital staff

Situation

- Identify yourself the site/unit you are calling from
- Identify the patient by name and the reason for your report
- Describe your concern
- Firstly, describe the specific situation about which you are calling, including the patient's name, consultant, patient location, resuscitation status, and vital signs.

For example:

"This is Lou, a registered nurse on Nightingale Ward. The reason I'm calling is that Mrs Taylor in room 225 has become suddenly short of breath, her oxygen saturation has dropped to 88 per cent on room air, her respiration rate is 24 per minute, her heart rate is 110 and her blood pressure is 85/50."

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Background

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- Give the patient's reason for admission
- Explain significant medical history
- Overview of the patient's background: admitting diagnosis, date of admission, prior procedures, current medications, allergies, pertinent laboratory results and other relevant diagnostic results. For this, you need to have collected information from the patient's chart, flow sheets and progress notes.

For example:

"Mrs. Taylor is a 69-year-old woman who was admitted from home three days ago with a community acquired chest infection. She has been on intravenous antibiotics and appeared, until now, to be doing well. She is normally fit and well and independent."

Assessment

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- Vital signs
- Clinical impressions, concerns

For example:

"Mrs. Taylor's vital signs have been stable from admission but deteriorated suddenly. She is also complaining of chest pain and there appears to be blood in her sputum. She has not been receiving any venous thromboembolism prophylaxis."

- You need to think critically when informing the doctor of your assessment of the situation. This means that you have considered what might be the underlying reason for your patient's condition.
- If you do not have an assessment, you may say:

"I'm not sure what the problem is, but I am worried."

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Recommendation

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- Explain what you need - be specific about request and time frame
- Make suggestions
- Clarify expectations
- Finally, what is your recommendation? That is, what would you like to happen by the end of the conversation with the physician? Any order that is given on the phone needs to be repeated back to ensure accuracy.

"Would you like me get a stat CXR? and ABGs? Start an IV? I would like you to come immediately"

Summary

- Incorporating SBAR may seem simple, but it takes considerable training.
- It can be very difficult to change the way people communicate, particularly with senior staff.

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