

SBAR Report to Physician

Before Calling The Physician



1. Assess the Resident
2. Review the chart for the appropriate physician to call
3. Know the residents diagnosis
4. Read the most recent Progress Notes and the assessment from the nurse of the prior shift.
5. Have available when speaking with the physician: Chart Allergies, Meds., Lab Results

S	<u>SITUATION</u> State your name and unit I am calling about: (Resident & Facility) The problem I am calling about is:																
B	<u>BACKGROUND</u> State the pertinent medical history/any recent trauma Give a brief synopsis of the treatment to date and effectiveness																
A	<u>ASSESSMENT OF PAIN</u> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 25%; padding: 2px;">Onset</td><td style="height: 20px;"></td></tr> <tr> <td style="padding: 2px;">Precipitating & Alleviating Factors</td><td style="height: 20px;"></td></tr> <tr> <td style="padding: 2px;">Quality of Pain</td><td style="height: 20px;"></td></tr> <tr> <td style="padding: 2px;">Region & Radiation</td><td style="height: 20px;"></td></tr> <tr> <td style="padding: 2px;">Severity</td><td style="height: 20px;"></td></tr> <tr> <td style="padding: 2px;">Timing</td><td style="height: 20px;"></td></tr> <tr> <td style="padding: 2px;">U “How is the pain affecting you?”</td><td style="height: 20px;"></td></tr> <tr> <td style="padding: 2px;">Values –What is the acceptable level for this symptom?</td><td style="height: 20px;"></td></tr> </table>	Onset		Precipitating & Alleviating Factors		Quality of Pain		Region & Radiation		Severity		Timing		U “How is the pain affecting you?”		V alues –What is the acceptable level for this symptom?	
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R	<u>RECOMMENDATION</u> Do you think we should: (State what you would like to see done) <input type="checkbox"/> Order and analgesic? (NB: match the severity of the pain with the analgesic order) <input type="checkbox"/> Come to see the resident at this time? <input type="checkbox"/> Consult the Palliative Care Consultant? <input type="checkbox"/> Order diagnostic tests? <input type="checkbox"/> Other _____ Are any tests needed? <input type="checkbox"/> Do you need any tests? <input type="checkbox"/> ? XRAY If a change in treatment is ordered, then ask: <input type="checkbox"/> If the resident does not improve, when would you want us to call again? <input type="checkbox"/> Consult the Palliative Care Consultant? DOCUMENT the change in condition & the physician notification																

