

SBAR Nursing Handoff

I. SITUATION

Patient Name: _____ Room Number: _____

Brief Description of Current Situation:

Chief Complaint/Reason for Admission:

Blood Pressure: _____ Heart Rate: _____

Respiratory Rate: _____ Temperature: _____

Oxygen Saturation: _____

II. BACKGROUND

Admitting Diagnosis:

Allergies:

Current Medications (including IV medications and rates):

CBC: _____ BMP: _____

Coagulation Profile: _____ X-rays: _____

CT scans: _____ MRIs: _____

Relevant Procedures/Interventions:

Current Code Status: _____

Family Support/Concerns:

Advanced Directives:

III. ASSESSMENT

Level of Consciousness (LOC): _____

Pain Level: _____

Mobility: _____

Skin Integrity: _____

Respiratory Status: _____

Cardiovascular Status: _____

Gastrointestinal Status: _____

Neurological Status: _____

Any Changes Since Last Shift:

Concerns/Issues:

Nursing Interventions:

Pending Consultations:

Scheduled Procedures:

Response to Interventions:

Anticipated Changes:

IV. RECOMMENDATION

Specific Actions Needed:

Plan for the Next Few Hours:

Escalation Plan:

Patient and Family Education Needs:

V. ADDITIONAL INFORMATION

Patient Preferences:

Pending Tasks:

Any Unresolved Issues:

VERIFICATION

Read-back from the receiver:

Any questions or clarifications:

FOLLOW-UP

Scheduled Follow-up Handoff: _____

Documented Communication: