SBAR

- Why should you know about SBAR?

- Recommended communication tool

- You should expect to *give* and *receive* information more accurately and succinctly using SBAR

- SBAR helps you understand the *SITUATION*

SBAR

- SBAR is a communication tool rather than a handoff system.
- Started by military for structured information transfer
- Best for short, high impact, relevant data
- Easy to remember
- Useful for nurse-physician communication
- Part of ORCHID

SBAR stands for...

S: Situation (current issue)

B: Background (relevant only)

A: Assessment (by reporter)

R: Recommendation (be specific)

SBAR: A Good Example

S: "This is Ms. Lee. Mr. Smith in 11W, Room 9 now has a BP 60/35, HR 125." His BP was normal 2 hours ago.

B: "He has been here for 2 days with acute renal failure, usual BP 185/95 on antihypertensive medications."

A: "I think he might be septic because his T is 102. He has an order for IV fluid bolus, which we have given, and have held his medications."

R: "You need to see him NOW because his BP has not responded after 15 minutes."

SBAR: Not so Good Example?

S: "This is 11W. One of your patients is having a problem."

B: "I don't know what his diagnosis is because his nurse is on break. You can ask her."

A: "I think there might be something wrong with the patient. But, maybe he's OK or maybe not."

R: "Are you the doctor covering for him?"

What is wrong with this SBAR?

SBAR: Not so Good Example?

S: The caller doesn't identify himself. The caller does not specify the patient.

B: No background information about the patient's prior condition or reason for hospitalization.

A: The caller doesn't have an idea of what might be happening.

R: No specific request to the person being called.

SBAR

- SBAR helps organize data by emphasizing only the *important* items while focusing on the *current* issue(s).
- Best for an *acute, single* event
- Provides structure and framework

Continue below to learn more about SBAR...