SBAR Template

| Situation: |
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| Name/age: |
| BRIEF summary of primary problem: |
| Day of admission/post-op #: |
| Background: |
| Primary problem/diagnosis: |
| RELEVANT past medical history: |
| RELEVANT background data: |
| Assessment: |
| Current vital signs: |
| RELEVANT body system nursing assessment data: |
| RELEVANT lab values: |
| TREND of any abnormal clinical data (stable-increasing/decreasing): |
| How have you advanced the plan of care? |
| Patient response: |
| INTERPRETATION of current clinical status (stable/unstable/worsening): |
| Recommendation: |
| Suggestions to advance plan of care: |
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