

# SBAR Template

| Patient Information                                                                                                                                                                   |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Name                                                                                                                                                                                  | Age           |
| Gender                                                                                                                                                                                | Date of birth |
| Chief complaint                                                                                                                                                                       |               |
| Situation                                                                                                                                                                             |               |
| <i>Briefly describe the patient's condition, including relevant medical history, chief complaint, vital signs, and any significant changes or concerns.</i>                           |               |
|                                                                                                                                                                                       |               |
| Background                                                                                                                                                                            |               |
| <i>Provide a concise overview of the patient's current status, previous medical/surgical history, medications, allergies, and relevant laboratory results or diagnostic findings.</i> |               |
|                                                                                                                                                                                       |               |

### Assessment

*Summarize your assessment of the patient's condition, including your observations, physical examination findings, and any changes or deterioration you've noted.*

### Recommendation

*Offer your professional recommendations based on the situation and assessment. This may include specific interventions, treatment options, or necessary consultations. Also, indicate the urgency level and any immediate actions required.*

### Additional notes

Attending nurse

Date and time

Signature