

PATIENT LABEL

Behavioral Health Division

SBAR COMMUNICATION TO STAFF

Give to next shift today & yesterday's SBAR. **DO NOT** be repetitive.

Primary Language: _____

Consulting Physician: _____

Consulting Physician: _____

IV Fluid _____ SITE NEXT DUE _____

Legal Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	DNR	<input type="checkbox"/> Yes <input type="checkbox"/> No
Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	All paperwork in chart	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date: _____ RN _____ RN _____ RN _____

	SBAR	NIGHTS	DAYS	PM's
S	Scan the situation: Family issues: Fall Score: DVT Score: Scheduled procedures: Behavior on Unit: Essential items of doctor's conversation:			
B	Background: Dx or Surgery: Code Status: Mental Status: New Consult: Previous Psych History: Previous History: Allergies: Identified Stressors: Any unusual occurrences this shift: How could staff help to prevent aggressive behaviour (Patient answer from the nursing and aggressive assessment)?			
A	Assessment: Pertinent system assessment: PRN Medications /abnormal labs/ abnormal vital signs			
R	Recommendations: Discharge Plans: Tests Needed: Changes in treatment:			