SBAR CLINICAL COMMUNICATION REPORT

Urgency: ☐ STAT ☐ Urgent ☐ Routine

Standardized Healthcare Handoff & Provider Escalation Worksheet â¢ SBARTemplate.com

Patient Name / ID: _____	**Room / Bed:** _____	**Date & Time:** _____
From (Nurse/Unit): _____	**To (Provider):** _____	**Code Status:** [ ] Full [ ] DNR/DNI

[S] SITUATION â What is the immediate problem or concern?

Current Concern: _____

_____

Onset & Duration: _____ **Severity / Trajectory:** _____

[B] BACKGROUND â Clinical Context, Diagnosis & Relevant History

Admitting Diagnosis: _____ **Admission Date:** _____

Pertinent History: _____

Current Meds / IV: _____ **Allergies:** _____

Recent Labs / Dx: _____

Baseline Vitals / ADLs: _____

[A] ASSESSMENT â Objective Findings, Vitals & Clinical Impression

BP: ___/___	**HR:** _____ bpm	**RR:** _____ /min	**SpO2:** ____ %	**Temp:** ____ ´℃/´℉	**Pain:** ___ /10

Physical Exam / Changes from Baseline:

_____

_____

Clinical Impression / Concern: _____

[R] RECOMMENDATION â Action Request, Timeframe & Closed-Loop Read-Back

Requested Action / Orders: _____

_____

Required Arrival / Action Timeframe: _____ [ ] STAT (<15m) [ ] Urgent (<1h) [ ] Routine

☐ **Joint Commission Standard Read-Back Completed (Verbal orders repeated and verified verbatim)**

Orders Received: _____ **Provider Signature/Initials:** _____