1I - Course Student Learning Outcome #1 Competency:

i. Communicate effectively when reporting care provided and evaluation data including appropriate handoff reports.

Tool: SBAR Patient Report

A.M. REPORT: SBAR

Situation **Include basic demographics about your patient: Name, ethnicity, age, gender, and pertinent information about the patient's condition/situation. Include patient preferences.**	**Initials:** **Age:** **Ethnicity:** **Sex:** **Room: 00_____** **Admit date:** **Drs: primary and consults** **DNR: Code/No code** **ER/ Admitting S/S:** **Glasgow Scale:** **Vs:** **Outputs:** **IVs/fluids:** **O2sat:** **Room Air/with 02** **02amt:** **Route:** **Abnormal/Concerns:**
Background **Patient's admitting diagnosis, hospital day, medical history that might complicate her current admission, any data about what has led up to any problems the patient is currently experiencing.**	**Admitting Diagnosis:** **Past Medical History:** **Allergies:** **Surgery:** **Psychosocial:** **Current Lab/Diagnostic Test Results:**

1I - Course Student Learning Outcome #1 Competency:

i. Communicate effectively when reporting care provided and evaluation data including appropriate handoff reports.

Tool: SBAR Patient Report

A.M. REPORT: SBAR

Assessment **Signs and symptoms that are related to patient's diagnosis, including vital signs 02 sat and any other pertinent assessment data. Should correlate with the information on the s/s tools.**	**New changes since admission R/T: Mental Status, Cardiac, Respiratory, Renal, GI, GU… Is patient getting better or worse?** **Average Vitals/02 sat/Blood sugars** **ICU: Vented patient: (if on vent)** **ET: taped @ what # and size (look in nursing intervention)** **Vent Settings:** **Mode** **Respiratory Rate** **Tidal Volume** **Fi02** **PEEP** **IV/IV drips (heparin, dopamine, propofol, levophed, lidocaine…)**
Recommendation **Include what you have done and the patient's response.**	**Nursing concerns:** **Braden Score:** **John Hopkins Score:** **Plan of Care: NANDA Prioritized (2 patho 1 psychosocial/safety)** **3 Nursing Interventions** **1.** **a** **b** **c** **2.** **a** **b** **c** **3.** **a** **b** **c**

Grading Rubric for the SBAR Patient Report

Performance Criteria	S	NI	U
Informs responsible staff member of patient status.	Clearly completes the SBAR report for a patient. All criteria are documented on and are easy to understand and follow.	Clearly completes portions of the SBAR report for a patient. Some criteria do not have documentation and/or and are not easy to read.	The SBAR report is scant and/or unorganized. It is difficult to understand.