The SBAR Communication Tool

When a patient becomes acutely unwell and requires escalation the SBAR tool has proven to be an effective communication aid, particularly between nursing and medical staff.

The SBAR tool encourages staff to frame the conversation to ensure that pertinent information is gathered and communicated appropriately.

### SITUATION
- Identify yourself, the ward/unit you are calling from.
- Identify the patient by name and the cause for concern.
- Ensure you are speaking to the appropriate person take the name and contact numbers.

### BACKGROUND
- Give the patient's age and reason for admission.
- Explain any significant past medical history, relevant drug history and allergies, relevant investigations. For this you need to have collected information from the patient charts, medical and nursing notes.

### ASSESSMENT
- Follow the ABCDE approach and give the latest observations and NEWS.
- Try to think critically when informing the clinician of your assessment of condition. You might have considered what could be the underlying reason for your patient’s condition.

### RECOMMENDATION
- Explain what you need – be specific about your request and time frame using the deteriorating patient escalation policy.
- Ask for advice as to what you should do next, including change of treatment, change of frequency of observations and any investigations required.

All communication should be documented in the healthcare records as evidence of the assessment, actions taken and escalation to senior team members of the patients’ deterioration.