

SBAR COMMUNICATION TOOL (Care Homes)

Vale of York Clinical Commissioning Group

C	Situation Your name and care home Name of person you are calling about. Age. DOB	Date:	Time of Call:
J	What are you concerned about? Describe symptoms as clearly as possible include how they differ from normal (the checklist can be used to help)		
	Background How long have symptoms been present?		
n	Did they come on suddenly? Have they got worse over time?		
B	Does the person have any long term illnesses? Has any medication been started, stopped or dose altered recently?		
	Have you got a list of current medication available? Has the person recently been in hospital? If so what for? Is there a DNACPR request in place?		
	Any Action taken?		
_	If you suspect that the person has a particular condition eg urine infection, constipation let the health		
A	professional you are calling know.		
A	Is there an emergency care plan in place for this person? If yes does it relate to this condition and has it		
	been applied?	Outcome	
	What actions (if any) have you taken already? Request (what would you like the person you are calling to do)	Outcome	
	Request visit		
П	Request telephone consultation	Signature:	Date:



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Instructions for use

- SBAR is a tool to ensure that communication is clear and purposeful. It can be adapted to any situation. The form above is a guide to help staff give relevant information. In all cases the health professional contacted is responsible for determining what action is required and for diagnosis of the problem.
- 2) The checklist on the left can be used to help with describing symptoms. It is not exhaustive and if you notice other symptoms not listed or have other information please include this as well
- 3) Not every question will be relevant to every person.
- 4) Write it down before you ring! This helps you put the information together in a logical fashion, provides a written record and a record for other members staff to follow up if necessary.
- 5) The information on a completed form is confidential. Remember to keep it where it can only be accessed by the people who require the information.
- 6) If you feel the situation is a life threatening emergency ring 999

Is the person you are calling about?

Alert and orientated as to place and time?

Confused?

Drowsy and/or hard to rouse?

Has speech changed? (describe how)

Complaining or showing new signs of weakness in arms or legs (describe)

Pale?

Hot? Flushed or sweating?

Cold or shivering?

Unsteady/ less mobile than usual?

Dizzv?

Breathing harder or faster than normal?

Breathing slower or shallower than normal?

In any pain? (if so make a note of where)

Is the pain Sharp or Dull?

Is it in One place or Several? (describe where it is)

Coughing more than usual?

Bringing up phlegm? (What colour?)

Feeling sick/being sick?

Is there a change in bowel habit? (describe)

Is there a change in urinary continence? (describe)

Is there a change in diet/fluid intake (describe)

Checklist for symptoms: