

The SBAR (Situation-Background-Assessment-Recommendation) communication technique provides a framework for communication between members of the health care team. It is an easy-to-remember mechanism for framing any conversation, including those held in front of the patient. This technique facilitates an easy, focused way to set expectations and relay important information.

How to Use SBAR(T) in ED Bedside Shift Report

S = situation B = background A = assessment R = recommendation T= thank you

S	<p>Offgoing Nurse-</p> <ul style="list-style-type: none"> Manages Up— "I'm going home now. Samantha will be your nurse for the next shift. I've worked with Samantha for five years and I can tell you I'm leaving you in good hands. I always hear such nice things about her from her patients." <p>Oncoming Nurse-</p> <ul style="list-style-type: none"> Introduce self using AIDET (Acknowledge, Introduce, Duration, Explanation, Thank You) Update white board Check armband while asking patient to state his/her name and date of birth
B	<p>Offgoing Nurse-</p> <ul style="list-style-type: none"> Involve patient in change of shift report-- "I'm about to give report to Samantha. Please listen so at the end you can ask any questions or fill in any additional information that Samantha will need to know to care for you during her shift. " Give a brief update on patient's chief complaint and what treatments/medications have been provided Update on any pending tests or treatments (i.e. lab/radiology) Discuss any special needs (i.e. altered mental status, fall risk, isolation precautions) <p>Oncoming Nurse-</p> <ul style="list-style-type: none"> Ask patient if they have any questions
A	<p>Offgoing Nurse-</p> <ul style="list-style-type: none"> Give explanation— "We are going to do a quick physical assessment together since we are changing shifts." Inform the oncoming nurse of what you have assessed and or noted during your shift Include any information or tasks that you have completed Mention what the oncoming nurse will need to complete or follow-up on <p>Oncoming Nurse-</p> <ul style="list-style-type: none"> Review chart/check documentation Conduct a quick physical assessment and check all IV sites/pumps for accuracy Assess patient's pain using a pain scale
R	<p>Offgoing Nurse-</p> <ul style="list-style-type: none"> Review all orders and plan of care with oncoming nurse (tests, treatments, medication therapy, IV sites/meds) Include relevant medications that have been ordered and any ancillary or support services that are working with the patient such as respiratory therapy, radiology, social services, etc. Ask the patient- "Do you have any questions? Is there anything else the nurse needs to know at this time?" <p>Oncoming Nurse-</p> <ul style="list-style-type: none"> Validate orders/plan of care Ask any questions of offgoing nurse
T	<p>Thank the Patient-</p> <p>Offgoing and Oncoming Nurse- Prior to leaving the room, asks the patient the following:</p> <ul style="list-style-type: none"> Is your pain under control? Do you understand the plan of care? Do you know what you are waiting for and what will happen next? Do you have any concerns we can address? <p>Use Closing Key Words-</p> <ul style="list-style-type: none"> Offgoing Nurse- "Samantha will take very good care of you. Thank you for allowing me to care for you today." Oncoming Nurse- "Is there anything you need right now? I'll be back to check on you in about an hour."