



SBAR COMMUNICATION TECHNIQUE FOR PATIENTS & ADVOCATES

Situation

I AM _____ (state your name).

I AM THE _____ (relative, advocate, friend, Medical Power of Attorney) for _____ (state patient's name).

I AM CONCERNED ABOUT _____.

Background

THE PATIENT CAME TO THE HOSPITAL BECAUSE _____.

THE PATIENT'S DIAGNOSIS IS _____ or is unknown at this time.

THE PATIENT'S PHYSICAL OR MENTAL LIMITATIONS ARE _____.

(Examples: dementia, hearing loss, difficulty walking, unable to communicate, language barriers)

THE PATIENT IS _____.

(Examples: on oxygen, receiving new medications, having procedures or surgery, awaiting test results)

Assessment

NEW SYMPTOMS I have noticed are _____.

WHAT HAS CHANGED in the patient's condition is _____.

(Examples: pain level, vital signs (blood pressure, temperature, pulse), breathing, mental status, color of skin, sweating, agitation, dizziness, lack of energy)

THE PATIENT SEEMS TO BE _____.

(Examples: stable, unstable, declining or deteriorating, in serious trouble)

Request

I WOULD LIKE TO DISCUSS THE FOLLOWING POSSIBLE ACTIONS: _____.

(Examples: consultation/evaluation, a second opinion, calling the Attending Physician, scheduling a family meeting, additional tests or monitoring, transfer to another unit or facility)

IF A CHANGE IS ORDERED, how and when should I contact you if there is no improvement? _____.