

# SBAR SHIFT →SHIFT REPORT

This form is to assist in performing complete, precise patient hand off from shift to shift.

<h1>S</h1>	<p><b><u>Situation</u></b>                  Patient Name: _____ Room: _____ Age: _____ Sex: _____                  Level of Care: _____                  Physician: _____                  Admitted from: _____ (home, nursing home, assisted living, etc.)</p>
<h1>B</h1>	<p><b><u>Background</u></b>                  Admission Diagnosis: _____                  Date of Surgery (if applicable): _____                  Pertinent past medical history: _____                  (hypertension, CHF, etc.)</p>
<h1>A</h1>	<p><b><u>Assessment</u></b>                  Code Status: _____ (advance directives, DNR, POA for health care)                  Abnormal V.S. _____                  IV site – lock/fluids/site/drips/when to change IV site: _____                  Procedures done in the last 24 hours (include any known results): _____                  Abnormal Assessments: _____                  _____                  _____                  Current pain score: _____ What has been done to manage this plan:                  _____                  Safety needs/fall risk /skin risk, etc.: _____</p>
<h1>R</h1>	<p><b><u>Recommendation</u></b>                  Needed changes in the plan of care? (diet, activity, medication, consult):                  _____                  What are you concerned about? _____                  Discharge Planning: _____                  Pending labs/x-rays, etc: _____                  Call out to Dr. _____ about _____                  What the next shift needs to be aware of: _____</p>