#### SBAR Medication Checklist

The state of the s	
Identify & Situation Backgro	ound: Current Status and Pertinent History
Introduction and reason for call	<u>Current Status</u>
	iated signs & symptoms:
	nt VS + deviation from patient's norm:
☐ Your Name:	
☐ Your Position: ☐ Curre	nt Medications:
	, dose, frequency, route of requested medication
Ago of Patients	ed/requested:
C Patrick Location	ation of ordered/requested medication:
Ctate Brohlem	
D Tourist Court	is about a medication order: who ordered the medication
and w	hen was the order written:
Carre	nt electrolytes (K*,NA*, CO <sub>2</sub> , Cl):
☐ State if call is urgent: ☐ Routi	ne or PRN interventions pertinent to problem:
	Previous History
Notes:	on for Hospitalization:
□ Admir	tting/ Working Diagnosis:
□ Past f	Medical History:
□ Previo	ous calls for same problems:
□ Drug	allergies or adverse reactions:
Assessi	ment
	r assessment of the situation
State your	assessment of the situation
Recom	mendation / Request
	or Recommend Intervention
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### SBAR Blood Glucose Checklist

Identify & Situation	Background: Current Status and Pertinent History
Introduction and reason for call	Current Status
	☐ Current Glucose Reading:
Person Called:	☐ Previous Glucose Reading:
☐ Your Name:	☐ Associated Signs & Symptoms:
☐ Your Position:	☐ Current diet:
☐ Your Location:	☐ Current Electrolytes (K <sup>+</sup> , Na <sup>+</sup> , CO <sub>2</sub> , CI):
□ Name of Patient:	☐ Current creatinine:
☐ Age of Patient:	☐ Current VS + any deviation from patient's norm:
☐ Patient Location:	☐ Current Medications:
☐ State Problem:	Pertinent History
	☐ Reason for Hospitalization:
☐ Time of Onset:	☐ Admitting/ Working Diagnosis:
□ Severity:	☐ Past Medical History:
State if call is urgent:	☐ Chronic/ Pre-hospitalization medications for glucose control:
Notes	☐ Time & Dose of Last Glucose Control Medication (oral
Notes:	hypoglycemic or insulin):
	☐ Presence/Absence of Sliding Scale Insulin Order – date, time, &
	last dose administered:
	☐ Presence/Absence of missed hypoglycemia dose in past 24
	hours:
	☐ Presence/Absence of infusing IV + type of fluid:
	☐ Presence/Absence of labile glucose history:
	☐ Routine or PRN interventions pertinent to problem:
	☐ Mental Status:
	☐ Skin color, temperature, & moistness:
	☐ Previous calls for same problem:
	☐ Drug allergies or adverse reactions:
	Assessment
	State your assessment of the situation
	Recommendation / Request
	Request or Recommend Intervention

### SBAR Elevated BP Checklist

Identify & Situation Introduction and reason for call	Background: Current Status and Pertinent History
introduction and reason for can	Current Status  Associated Signs & Symptoms:
☐ Person Called:	☐ Current Electrolytes (K <sup>+</sup> , Na <sup>+</sup> , CO <sub>2</sub> , Cl):
☐ Your Name:	☐ Highest & Lowest BP in past 48 hours – date & time of each
☐ Your Position:	
☐ Your Location:	reading:  Current VS + any deviation from patient's norm:
□ Name of Patient:	
☐ Age of Patient:	
☐ Patient Location:	Previous History
□ State Problem:	Reason for Hospitalization:
☐ Time of Onset:	Admitting/ Working Diagnosis:
☐ Severity:	Past Medical History:
☐ State if call is urgent:	☐ Presence/Absence of chronic pre-hospitalization
	antihypertensive medications or diuretics:
	□ Presence/ Absence of pain medication administration – date &
Notes:	time of last dose:
	☐ Presence/Absence of infusing IV+ type of fluid:
	☐ Fluid balance over past 24 & 48 hours:
	□ Routine or PRN interventions pertinent to problem:
	☐ Previous calls for same problem:
	□ Drug allergies or adverse reactions:
	Assessment
	State your assessment of the situation
	☐ Presence/Absence of anxiety or agitation:
	☐ Presence/Absence of peripheral edema:
	□ Presence/Absence of SOB:
	☐ Presence/Absence of pain:
- 10 1 10 10 10 10 10 10 10 10 10 10 10 1	☐ Assessment of breath sounds:
	Recommendation / Request
	Request or Recommend Intervention
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## SBAR Elevated Temperature Checklist

Identify & Situation	Background: Current Status and Pertinent History
Introduction and reason for call	Current Status
	☐ Current temperature & method of measurement (oral, ear,
☐ Person Called:	axillary, rectal):
☐ Your Name:	☐ Temperature high & low reading over past 24 hours + method of
☐ Your Position:	measurement (oral, ear, axillary, rectal):
☐ Your Location:	☐ Associated Signs & Symptoms:
□ Name of Patient:	☐ Skin color, temperature, moisture:
☐ Age of Patient:	☐ Presence/Absence of redness, swelling, temperature, tenderness
☐ Patient Location:	around incision site:
□ State Problem:	Presence/ Absence of SOB, chest pain, cough:
☐ Time of Onset:	Presence/Absence of calf tenderness/warmth:
	Presence/Absence of difficulty voiding or change in urine color:
Severity:	
☐ State if call is urgent:	☐ Current VS + any deviation from patient's norm:
	Previous History
Notes:	Reason for Hospitalization:
	☐ Admitting/ Working Diagnosis:
	□ Past Medical History:
WKK A ACTION	☐ Presence/Absence of chest X-ray findings & date of X-ray:
	☐ Presence/Absence of antibiotics:
	☐ Presence/Absence of cultures & date of findings:
	☐ Presence/Absence of antipyretic medications & time last
	administered:
	☐ Routine or PRN interventions pertinent to problem:
	□ Previous calls for same problem:
<del></del>	☐ Drug allergies or adverse reactions:
	Assessment
	State your assessment of the situation
	Recommendation / Request
	Request or Recommend Intervention

# SBAR Pain Checklist

Identify & Situation	Background: Current Status and Pertinent History
Introduction and reason for call	<u>Current Status</u>
	□ Location of pain:
Person Called:	☐ Cause of pain:
☐ Your Name:	□ Severity of pain:
☐ Your Position:	□ Quality of pain:
☐ Your Location:	☐ Type and duration of pain episodes:
□ Name of Patient:	☐ Presence/Absence of radiation:
☐ Age of Patient:	☐ Interventions that relieve pain:
□ Patient Location:	☐ Factors that exacerbate pain:
□ State Problem:	☐ Associated signs & symptoms:
☐ Time of Onset:	☐ State pertinent findings from physical assessment of patient:
□ Severity:	
☐ State if call is urgent:	☐ Current VS + deviation from patient's norm:
0	☐ Current Medications:
Notes:	Pertinent History
	☐ Reason for Hospitalization:
	☐ Admitting/ Working Diagnosis:
	Past Medical History:
	□ Pain medications administered, dose, time last administered,
	patient response:
	Routine or PRN interventions pertinent to problem:
***************************************	Previous calls for same problems:
	□ Drug allergies or adverse reactions:
	Drug allergies of adverse reactions.
	Assessment
	State your assessment of the situation
	Becommon detion / Bernard
	Recommendation / Request
	Request or Recommend Intervention

### SBAR Behavior Checklist

Identify & Situation Introduction and reason for call	Background: Current Status and Pertinent History
introduction and reason for can	Current Status  Description of behavior & duration of episode:
□ Person Called:	Description of behavior & duration of episode.
☐ Your Name:	Level of consciousness:
☐ Your Position:	☐ Presence/Absence of posing harm to self or others:
☐ Your Location:	☐ Current blood glucose:
□ Name of Patient:	☐ Current Electrolytes (K <sup>+</sup> , Na <sup>+</sup> , CO <sub>2</sub> , CI):
☐ Age of Patient:	Oxygen Saturation Level:
☐ Patient Location:	☐ Comfort aids offered (e.g. backrub, freshening bed, fresh water,
□ State Problem:	toileting, room darkening, etc.):
☐ Time of Onset:	☐ Known causes for anxiety of worry:
□ Severity:	☐ Associated Signs & Symptoms:
☐ State if call is urgent:	☐ Current VS + any deviation from patient's norm:
	☐ Current Medications:
Natara	Pertinent History
Notes:	Reason for Hospitalization:
	☐ Admitting/ Working Diagnosis:
	Past Medical History:
Manager and Associated Association and Associa	☐ Presence/Absence of anxiolytics or sedatives – date & time of
	last dose:
	☐ Presence/Absence of chronic, pre-hospitalization medications
	for neuropsychiatric disorders:
	Routine or PRN interventions pertinent to problem:
	Previous calls for same problem:
	☐ Drug allergies or adverse reactions:
	Assessment
	State your assessment of the situation
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	Recommendation / Request
	Request or Recommend Intervention