Patrick McMurray Guide for Shift SBAR Hand-Off v3.1

This should be a concise/streamlined report for a typical inpatient unit. You are NOT required to hit every point listed. The questions are meant guides to understand what type of info might be included in each section of SBAR Handoff. Can be adjusted according to specific patients circumstances & unit staff report practices and needs, based on familiarity and comfort with assigned patients.

S- Situation: Patient name or initials, age, admission date. Allergies. Admitting problems/diagnosis. Code status, Diet or NPO Status. Fluid restrictions or I/O's [May insert a general summary of patient status for the last 24 hours here, if you wish, or can do at the end]. Post-op patient? How many days?	
B-Background: Brief/Relevant Medical, Surgical, and social history. Dialysis patient? If yes, what's the dialysis schedule and last known day of dialysis? (MWF? Or TThSat)	
A-Assessment: use the body system method. If there are no significant abnormalities, we can say within defined limits and move on to the next system, like when charting by exception. **Most recent VS and relevant labs**: from the last shift or 24 hours. Pain status: Rating, Pain pump? Pain pump settings?	
Venous Access, Drains, devices: IV gauge and location? Art line? JP drains or other surgical drains or wound vacs, LVAD, Ostomy? Limb restrictions?	
Psychosocial: Affect? (Flat, Pleasant, Irritable, Despondent?)	
Neuro: A&Ox3?, Follow directions and responds to instructions and questions appropriately? Lethargic? Sedated? Epidural? Nerve Block?	

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HEENT (Head, Ears, Nose & Throat): Teeth intact, oral mucosa? Drainage from nose or ears or eyes? Glasses? Hearing Aid? Dentures? Partials?	
Respiratory: Lung Sounds, On O2 (oxygen) or on Room Air? Any dyspnea with exertion? If on O2, how many liters and what type of device or mask? (Venti Mask, Nasal Cannula, Non-rebreather, C-Pap, Trach, BiPap or Vent?), Shortness of Breath? Incentive Spirometer? Chest Tube? Cough with or without mucous?	
Cardiovascular: LVAD? Tele-monitor or not? Heart Rhythm, of known, 12-leads EKG?? Peripheral swelling or edema, Pulses? The warmth of extremities, Cap Refill? SCDs? TED Hose? Echo? - Ejection Fraction (EF)? Heart Failure (HF)?	
GI/GU: Dialysis? Diet, Last meal, and appetite. Voiding status for urinary system & Bowels, Last BM, if known? Foley? Purewick? Condom cath? I/O's. Voids independently or with assistance to bedside commode? Urinary and Bowel frequency? Bedpan? Briefs? Bathroom. Abd swollen or tender? Nausea and Vomiting?	
Musculoskeletal: Ambulatory or not? Able to reposition self? Amputations? Muscle strength in limbs. Falls Risk?	
Integumentary/Skin: General state of skin? Surgical Incisions? - location and status? Any wounds, lesions or sores, or issues? What frequency of repositioning if bed-bound or limited mobility?	
R-Recommendations/Plan/Lingering needs: Need for any follow-up with the managing medical team/service? Need for follow-up labs? EKG? Going for a procedure? New Medication? Awaiting a callback from a provider? Need for consults? (Wound care, Case Management, Chaplain?) Visitors? Sensitive information?	