

# SBAR SHIFT → SHIFT REPORT

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

10-0-105-26-23

<h1>S</h1>	<p><b>Situation</b>                  Patient Name: <u>Martinez Jose</u> <sup>M.J</sup> Room: <u>27</u> Age: <u>73</u> Sex: <u>M</u>                  Level of Care: <u>Acute Stand by assist med surge.</u>                  Physician: <u>Yusuf Omar</u>                  Admitted from: _____ (home) nursing home, assisted living, etc.)</p>
<h1>B</h1>	<p><b>Background</b>                  Admission Diagnosis: <u>Fever, septic, <del>Aspiration</del> Pneumonia</u>                  Date of Surgery (if applicable): _____                  Pertinent past medical history: <u>COPD, AFib,</u>                  (hypertension, CHF, etc.)</p>
<h1>A</h1>	<p><b>Assessment</b>                  Code Status: <u>Full code</u> (advance directives, DNR, POA for health care)                  Abnormal V.S. <u>NO</u>                  IV site – lock/fluids/site/drips/when to change IV site: <u>Left hand 20 gauge IV <sup>LOLENO PAIN</sup></u>                  Procedures done in the last 24 hours (include any known results): <u>ECHO</u>                  Abnormal Assessments: <u>NO</u>                  Current pain score: <u>NO PAIN</u> What has been done to manage this plan:                  Safety needs/fall risk /skin risk, etc.: <u>Stand by assist to turn <sup>bedroom</sup></u></p>
<h1>R</h1>	<p><b>Recommendation</b>                  Needed changes in the plan of care? (diet, activity, medication, consult):  <u>When oxygen down</u>                  What are you concerned about? <u>NO</u>                  Discharge Planning: _____                  Pending labs/x-rays, etc: <u>ECHO</u>                  Call out to Dr. _____ about _____                  What the next shift needs to be aware of: _____</p>

\* Restating  
 electrolytes  
 risk of coming back