

SBAR Communication Audit Tool

Date: ____/____/____ Ward: _____

Identity:

Identity of individual reporting	Yes	No
Location of patient	Yes	No
Name of patient causing concern	Yes	No

Situation:

Brief summary of problem	Yes	No
Is this problem acute	Yes	No

Background

Concise summary of reason for admission	Yes	No
Summary of treatment to date	Yes	No
All baseline observations	Yes	No
BP; Pulse; Resps; Sats; Temp; Level of consciousness		
Previous observations	Yes	No

Assessment

Nurses assessment of situation if possible	Yes	No
EWS score	Yes	No

Recommendation

Did the nurse make any recommendations	Yes	No
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If yes, what -----

Any feedback given:	Yes	No
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Time spent on feedback _____

Patient Outcome:

Stabilised ___ Transferred HDU/ICU___ Transferred other facility ___ Death ___

Thank you for taking the time to complete this audit tool.

DRAFT

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