## SBAR Template

**Situation:**

Name/age:

BRIEF summary of primary problem:

Day of admission/post-op #:

**Background:**

Primary problem/diagnosis:

RELEVANT past medical history:

RELEVANT background data:

**Assessment:**

Current vital signs:

RELEVANT body system nursing assessment data:

RELEVANT lab values:

TREND of any abnormal clinical data (stable-increasing/decreasing):

How have you advanced the plan of care?

Patient response:

INTERPRETATION of current clinical status (stable/unstable/worsening):

**Recommendation:**

Suggestions to advance plan of care:

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