

**CRITICAL CARE SBAR**

SITUATION

Patient name

Code

Reason for communication

Current situation and urgent concerns

Room

BACKGROUND

Age

Gender

Relevant past medical history

Current medications and allergies

Relevant laboratory or diagnostic test results

ASSESSMENT

Vital signs

Temp HR B/P SpO2 RR

Current symptoms or concerns

Level of consciousness or mental status

Fluid balance and electrolyte status

RECOMMENDATION

Necessary interventions or treatments

Specific recommendations for follow-up

Education or counseling needs for the patient or family members