

CRITICAL CARE SBAR

SITUATION	Patient name							Code		Room	
	Reason for communication										
	Current situation and urgent concerns										
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										