

RECOMMENDATION

**R**

Plan of care

Follow-up instructions

ASSESSMENT

**A**

**Vital signs**

Temp

HR

B/P

SpO2

RR

**Pain or discomfort**

Location Intensity Quality

Wound? Y or N

Location:

Dressing last changed:

**Skin integrity**

Warm and dry

Pole

Mottled

Extremities are cold

Extremities are warm

**GI**

**GU**

**Neuro**

**Cardiowascular**

**Respiratory**

**IV sign**

SITUATION

**S**

Patient name

Code

Reason for communication

Current situation and urgent concerns

Age

Room

Gender

BACKGROUND

**B**

Relevant past medical history

Current medications and allergies

Vital signs and lab values

Any recent changes in the patient's condition