

S

SITUATION

Patient name

Code

Age

Gender

Room

Reason for communication

Current situation and urgent concerns

B

BACKGROUND

Relevant past medical history

Current medications and allergies

Vital signs and lab values

Any recent changes in the patient's condition

A

ASSESSMENT

Vital signs

Temp

HR

B/P

SpO2

RR

Pain or discomfort

Location

Intensity

Quality

Neuro

Cardiowascular

IV sign

Respiratory

Skin integrity

☐ Warm and dry

☐ Pole

☐ Mottled

☐ Extremities are cold

☐ Extremities are warm

Wound? Y or N

Location:

Dressing last changed:

GI

GU

R

RECOMMENDATION

Plan of care

Follow-up instructions