**SBAR for Nurses@ State College of Florida**

**Situation**

**Patient Name: Room Number: Age: Sex:**

**Diagnosis/Surgeries:**

**Code Status: Allergies:**

**Background**

**History:**

**Attending MD: Consults:**

**Assessment**

**Current Vital Signs: Neuro:**

**Heart Rhythm: Lung Sounds: Oxygen Rate:**

**Incentive Spirometer: Skin:**

**IV Site/IV Solution: I & O:**

**Dressings: Drains: Last BM:**

**Foley/Void: NG: Diet:**

**Activity: AccuChek: Fall Risk: Pain Level:**

**Pain Pump: Feeding Pump: Teds/SCDs:**

**Isolation: Specimens: Social/Spiritual:**

**Recommendation**

**Current Labs/Diagnostics:**

**Pending Labs/Diagnostics:**

**Awaiting Procedures:**

**Nursing Concerns:**

**My Charge Nurse Today is:**