SBAR COMMUNICATION TECHNIQUE
FOR PATIENTS & ADVOCATES

Situation

I AM ____________________________ (state your name).
I AM THE ______________________ (relative, advocate, friend, Medical Power of Attorney) for ____________________________ (state patient’s name).
I AM CONCERNED ABOUT _________________________________.

Background

THE PATIENT CAME TO THE HOSPITAL BECAUSE ________________________.
THE PATIENT’S DIAGNOSIS IS ______________________ or is unknown at this time.
THE PATIENT’S PHYSICAL OR MENTAL LIMITATIONS ARE _____________.
(Examples: dementia, hearing loss, difficulty walking, unable to communicate, language barriers)
THE PATIENT IS _____________________________________________.
(Examples: on oxygen, receiving new medications, having procedures or surgery, awaiting test results)

Assessment

NEW SYMPTOMS I have noticed are _____________________________.

WHAT HAS CHANGED in the patient’s condition is _____________________________.
(Examples: pain level, vital signs (blood pressure, temperature, pulse), breathing, mental status, color of skin, sweating, agitation, dizziness, lack of energy)
THE PATIENT SEEMS TO BE _________________________________.
(Examples: stable, unstable, declining or deteriorating, in serious trouble)

Request

I WOULD LIKE TO DISCUSS THE FOLLOWING POSSIBLE ACTIONS: _________.
(Examples: consultation/evaluation, a second opinion, calling the Attending Physician, scheduling a family meeting, additional tests or monitoring, transfer to another unit or facility)
IF A CHANGE IS ORDERED, how and when should I contact you if there is no improvement? _________________________________.

An Empowered Patient® publication, used under license by The Empowered Patient Coalition. Copyright © 2009 Dr. Julia A. Hallisy and Helen W. Haskell. For more information please visit www.EmpoweredPatientCoalition.org.