



# 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? \_\_\_\_\_.