SHIFT REPORT · 2 PATIENTS

SBAR Handover Sheet

DATE _____ SHIFT ☐ Day ☐ Night UNIT _____

SBAR HANDOVER

Room ____

PATIENT (INITIALS) | AGE / SEX | CODE STATUS | ALLERGIES | ISOLATION

S · SITUATION

DIAGNOSIS / REASON FOR ADMISSION

B · BACKGROUND

PMH

Admit date / day #

Key events this shift

A · ASSESSMENT

BP | HR | RR

Temp | SpO_2 | Pain

Neuro

Cardiac / resp

GI / GU

Skin

IV / lines / drips

Abnormal labs

R · RECOMMENDATION

Pending tests / results

Due next shift

Safety ☐ Fall risk ☐ Bed alarm on ☐ Restraints ☐ Isolation sign up ☐ Call light in reach

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