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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Safety ☐ Fall risk ☐ Bed alarm on ☐ Restraints

☐ Isolation sign up ☐ Call light in reach

Keep identifiers to the minimum your unit allows. Never take this sheet off the unit. Shred it at the end of your shift.

Free printable from **theaitoolplaybook.com**