

SBAR Communication Tool

S	<u>SITUATION</u> The complex problem/symptom is _____	
B	<u>BACKGROUND</u> State the pertinent medical history/any recent trauma _____ _____ _____ Give a brief synopsis of the treatment to date and effectiveness _____ _____ _____	
A	<u>ASSESSMENT</u>	/ Cognitively Intact / Cognitively Impaired
	Onset	Assessment Tool Utilized: PainAD: <input type="checkbox"/> Abbey: <input type="checkbox"/> PACSLAC: <input type="checkbox"/> Other: _____ Result/Findings of Assessment : _____ _____ _____ _____ _____ _____ Is DOS being utilized? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Precipitating & Alleviating Factors	
	Quality of Pain	
	Region & Radiation	
	Severity	
	Timing	
	U "How is the pain affecting you?"	
Values –What is the acceptable level for this symptom?		
R	<u>RECOMMENDATIONS</u> What would your suggestions be? _____ _____ _____ _____ Results of relevant lab tests and imaging (X-Rays, CT, MRI etc.) & please include dates completed: _____ _____ _____ _____	

Any other thoughts/concerns: _____

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