**SBAR Communication Tool**

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| **S** | **SITUATION**The **complex problem/symptom** is: Click here to enter text  |
| **B** | **BACKGROUND**State the pertinent **medical history/any recent trauma:** Click here to enter text. Give a brief synopsis of the **treatment to date and effectiveness:** Click here to enter text.  |
| **A** |  **ASSESSMENT** **Cognitively Intact Cognitively Impaired**

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| **O**nset | Click here to enter text.  | **Assessment Tool Utilized:**PainAD: [ ]  Abbey: [ ]  PACSLAC: [ ]  Other: Click here to enter text. Result/Findings of Assessment: Click here to enter text. Is DOS being utilized?Yes [ ]  No [ ]  |
| **P**recipitating &Alleviating Factors | Click here to enter text.  |
| **Q**uality of Pain | Click here to enter text.  |
| **R**egion & Radiation | Click here to enter text.  |
| **S**everity | Click here to enter text.  |
| **T**iming | Click here to enter text.  |
| **U** “How is the pain  affecting you?” | Click here to enter text.  |
| **V**alues –What is the acceptable level  for this symptom? | Click here to enter text.  |

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| **R** | **RECOMMENDATIONS**What would your suggestions be? Click here to enter text. Results of relevant lab tests and imaging (X-Rays, CT, MRI etc.) & please include dates completed: Click here to enter text.  |

**Any other thoughts/concerns**:

Click here to enter text.

**Please Fax to: 905-827-2089**