**SBAR Communication Tool**

|  |  |
| --- | --- |
| **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**     |  |  |  | | --- | --- | --- | | **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. | |
| **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**