

Patient Handover SBAR Script

S Situation							
S	Admitted date		Transfer ward		Admission From		Date of transfer
	Patients Name/CHI	Name known as: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Age: Religion:					
	Next of Kin						
	For Resus <input type="checkbox"/> DNACPR <input type="checkbox"/> No decision made <input type="checkbox"/> TEP (Orange) Form YES <input type="checkbox"/> No <input type="checkbox"/>	Adults with Incapacity (AWI) Form Yes <input type="checkbox"/> No <input type="checkbox"/> No decision made <input type="checkbox"/>			POA in place YES <input type="checkbox"/> No <input type="checkbox"/> Who: ReSPECT Form Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Clinical Alert Yes <input type="checkbox"/> No <input type="checkbox"/>			Allergies Yes <input type="checkbox"/> No <input type="checkbox"/> If allergies, red band insitu? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Reason for Admission/Transfer						
B Background							
	Past Medical History						
	Communication	(Hearing aids/glasses)					
	Any special diet needs or food allergies?						
	Eliminations	(Stoma/Catheter/Incontinent)					
	Mobility	(Zimmer/Stick/Independent)					
	Home circumstances	Existing POC/support?					
A Assessment							
	Treatment Plan:						
	Most recent NEWS2(Pain score/Abbey pain chart): Temp= Pulse= Blood pressure= Saturations= Is oxygen required Yes <input type="checkbox"/> No <input type="checkbox"/>						
	Rapid Risk Assessments/Documents & Referrals						
	Infection screening completed Any alert organisms/conditions	Covid 19	<input type="checkbox"/> Yes <input type="checkbox"/> No Date swabbed: Outcome:		Covid-19 swab taken 24 hours before transfer to DME: Yes/No Covid-19 swab taken 48 hours before transfer to Community Hospitals Yes/No		
MRSA		<input type="checkbox"/> Yes <input type="checkbox"/> No Date swabbed: Outcome:					
CPE		<input type="checkbox"/> Yes <input type="checkbox"/> No Date swabbed: Outcome:					
Other Infections (specify)		<input type="checkbox"/> Yes <input type="checkbox"/> No Date swabbed: Outcome:					
	Precautions required	Standard () Contact () Droplet () Airborne ()					

Falls	At risk? <input type="checkbox"/> Yes <input type="checkbox"/> No (High, Medium, Low) Falls Bundle completed <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had any inpatient falls?(was there harm/injury)		
Swallow	Impairment <input type="checkbox"/> Yes <input type="checkbox"/> No NBM <input type="checkbox"/> Comment: Has the patient been referred to Speech & Language Therapists <input type="checkbox"/> Remember to transfer yellow sheet above patient bed with patient when transferring wards.		
MUST	Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Referred to Dietician: <input type="checkbox"/> Yes <input type="checkbox"/> No Food Chart: <input type="checkbox"/> Yes <input type="checkbox"/> No Is patient Bariatric? <input type="checkbox"/> Yes <input type="checkbox"/> No Weight: Equipment required?		
Tissue Viability	Waterlow completed: <input type="checkbox"/> Yes <input type="checkbox"/> No SSKIN Bundle Frequency: Is there a pressure ulcer? <input type="checkbox"/> Yes <input type="checkbox"/> No What grade is it? Requiring any pressure relieving equipment? (Air Mattress, Cushion, Heels) Wounds, sutures/clips/Skin condition?		
PVC Bundle	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Enhanced Care Observations (ECO)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Requiring 1:1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Level ECO:
Mental Health & Cognition	Comments: Alert <input type="checkbox"/> Confused <input type="checkbox"/> Getting to know me form <input type="checkbox"/> Yes <input type="checkbox"/> No		
PMVA	History <input type="checkbox"/> Yes <input type="checkbox"/> No Risk: <input type="checkbox"/> Yes <input type="checkbox"/> No Details=		
R Recommendations	ACTIONS REQUIRED ON ADMISSION TO WARD: Has the patient been referred to Social work? DISCHARGE PLANNING: Planned Discharge Date (PDD):		
Next of Kin Informed	Yes/No	Valuables transferred	Yes/No
Transferring staff member			
Receiving staff member			
Visiting Arrangements/Booked appointments:		Boardable	Yes/No