

## SBAR Communication Tool for Nurses and ACPs

**SBAR** stands for: **S** – Situation | **B** – Background | **A** – Assessment | **R** – Recommendation

It's a simple, structured way to communicate clearly and effectively in healthcare, especially during **handover**, **escalations**, and **critical conversations**. Originally from the military, it is now widely adopted in the NHS and global healthcare systems.

It reduces **errors**, promotes **clarity**, and improves **team safety culture** (NHS Improvement, 2018).

### SBAR Structure (with prompts)

Component	Purpose	Example Prompt
<b>S – Situation</b>	What's happening now?	"I'm calling about Mr X who's short of breath."
<b>B – Background</b>	What is the relevant clinical context?	"He was admitted 3 days ago with pneumonia."
<b>A – Assessment</b>	What's your clinical impression?	"His RR is 30, SpO <sub>2</sub> 88% on 4L O <sub>2</sub> , NEWS2 score is 7."
<b>R – Recommendation</b>	What do you want to happen?	"Please review him urgently. I'm concerned about sepsis."

### Full Example – Scenario 1:

You are a newly qualified Band 5 nurse on a medical ward. A 72-year-old patient, Mr Ahmed, has become increasingly breathless and confused. You're calling the medical registrar.

#### SBAR:

- **S:** "Hi, this is Sarah, the nurse on Ward 5. I'm calling about Mr Ahmed in Bed 7, who's acutely confused and breathless."
- **B:** "He was admitted 2 days ago with pneumonia and is on IV antibiotics. He was stable until this morning."

- **A:** "RR is 28, SpO<sub>2</sub> is 88% on 4L oxygen, NEWS2 is 7, GCS dropped to 13. He's drowsy and disoriented."
- **R:** "Please review him urgently. I think he may need escalation or HDU transfer."

### Full Example – Scenario 2:

You are an **Advanced Nurse Specialist** in cardiology. You're reviewing a post-PCI patient on the ward who's now experiencing recurrent chest pain and ECG changes. You're escalating to the cardiology registrar.

#### SBAR:

- **S – Situation:**  
"Hi, this is Laura, the Cardiology CNS on Ward 3. I'm calling about Mr Taylor in Bed 6, who's post-PCI and now having recurrent chest pain."
- **B – Background:**  
"He had a PCI yesterday to his RCA with drug-eluting stent placement. No complications were noted initially. He has a history of type 2 diabetes and prior NSTEMI."
- **A – Assessment:**  
"He's reporting central chest pain, 7/10 in intensity. His BP has dropped to 95/60, HR 110. ECG shows new ST depressions in lateral leads. Troponin from this morning was 320 ng/L."
- **R – Recommendation:**  
"Please can you review him urgently and consider activating the on-call cath lab or senior decision-maker? I'm concerned about re-occlusion or stent thrombosis."

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### Practice Activity 1 – Staff Nurse [Scenario 1]:

You are caring for **Mrs Patel**, a 68-year-old woman admitted with cellulitis.  
Her: Heart rate is now 115 bpm, Temperature is 39.2°C, BP is falling to 92/58

You're worried she may be developing **sepsis**.

#### Your Task:

Write your own SBAR response to escalate her condition to the medical team.

#### Tips for practice:

- Write it out, then say it aloud — SBAR is often used over the phone.
- Practice with a colleague, supervisor, or as a group exercise.
- Use a timer (aim for 1–2 minutes max).

## Practice Activity 2 – Band 7 Specialist Nurse [Scenario 2]:

You are an Advanced Clinical Practitioner **in Respiratory**. During a routine review, you identify that a patient with COPD and known type 2 respiratory failure is now **increasingly drowsy**, **SpO<sub>2</sub> has risen to 96%**, and **ABG shows rising CO<sub>2</sub>** (PaCO<sub>2</sub> from 6.8 → 8.5 kPa) and acidosis (pH 7.29). The patient is currently on **4L/min via nasal cannula**.

You're calling the **Critical Care Outreach team** for support.

### Your Task:

Write your SBAR communication to escalate this patient.

### Think about:

- The urgency of type 2 respiratory failure
- Oxygen titration risk
- Whether NIV or HDU is likely needed
- The importance of team-based escalation