Medical Emergency Documentation – SBAR Communication Form

Patient's Name	Name of Person Completing Form	Signature Date

MEDICAL EMERGENCY or CARDIAC ARREST: initiate the alarm & call 999 = always safety first

AIRWAY:	BREATHING:	CIRCULATION:	DISABILITY:
Initial Observations at [Time]	**1st Respiratory rate & SpO_2** **RR** ..... **SpO_2**	**1st Pulse rate and BP** **PR**..... **BP**	**1st AVPU** **A-❑ V-❑ P-❑ U-❑**
❑ Patient Talking ❑ Clear ❑ Obstructed ❑ **Snoring** - ❑ Recovery position - ❑ Chin lift - ❑ Jaw Thrust - ❑ OP tube (Correct size) - ❑ NP tube (Adult ONLY) - ❑ iGel (Correct size) ❑ **Gurgling airway** - ❑ Postural drainage - ❑ Suction ❑ **Foreign Body** - ❑ Encourage pt. to cough - ❑ Back slaps - ❑ Abdo /chest thrusts - ❑ CPR - ❑ Magill (Correct size)	❑ Normal breathing ❑ Shortness of breath ❑ Oxygen @ 15 l/min - ❑ Non-rebreathe mask ❑ **Not breathing** - ❑ Mouth to mouth - ❑ Pocket mask - ❑ Bag valve mask - ❑ CPR **Chest exposed** ❑ Yes ❑ No **Chest injury found** ❑ Yes ❑ No	**Bleeding/Wound Care** ❑ External Bleeding - ❑ Dressing - ❑ Direct pressure - ❑ Tourniquet - ❑ Time applied ❑ Internal Bleeding **Capillary refill time** [Time] .....secs **IV access** ❑ IV access (Correct size) ❑ IV fluids [Time] ..... ml	**Limb Movements** - ❑ Yes - ❑ No ❑ **Blood glucose (BM)** [Time] ..... mmol/l **Pain Score (PS)** 1 2 3 4 5 6 7 8 9 10 PS After analgesia .....
			Exposure: ❑ Fully Undressed ❑ Logrolled to check back ❑ Side checked ❑ Any rashes? ❑ Any bruises / wounds?
	Respiratory rate & SpO_2 **RR** ..... **SpO_2**	**Pulse rate and BP** **PR**..... **BP**	**AVPU** **A-❑ V-❑ P-❑ U-❑**
	NEWS2/PEWS SCORE **1st score** [Time]	**2nd score** [Time]	**Burn treatment** ❑ Irrigation for 20 min ❑ Clingfilm applied
Handover Obs [Time]	**Respiratory rate & SpO_2** **RR** ..... **SpO_2**	**Pulse rate and BP** **PR**..... **BP**	**AVPU** **A-❑ V-❑ P-❑ U-❑**
DNACPR/ACP order ❑ Yes ❑ No Witnessed collapse? ❑ Yes ❑ No	Signs of life ❑ Yes ❑ No CPR Started [Time]	AED applied ❑ Yes ❑ No Patient defibrillated ❑ Yes ❑ No	No of Shocks ..... Resuscitation stopped at [Time]

Treatments (doses adjusted for weight if a child)

❑ **Salbutamol** ❑ **Annexate** ❑ **Naloxone** ❑ **Diazepam** ❑ **Midazolam**	❑ **Adrenaline** 1 in 10,000 ❑ **IM Adrenaline** 1 in 1000 ❑ **150 micrograms** ❑ **300 micrograms** ❑ **500 micrograms**	❑ **GTN** ❑ **Glucogel** ❑ **10% Glucose** ❑ **Glucagon**	**Others:**

This communication form is part of the patient's clinical notes CONFIDENTIAL WHEN complete. Accurate record keeping will assist with continuity of care and help to provide important medico-legal documentation, when required

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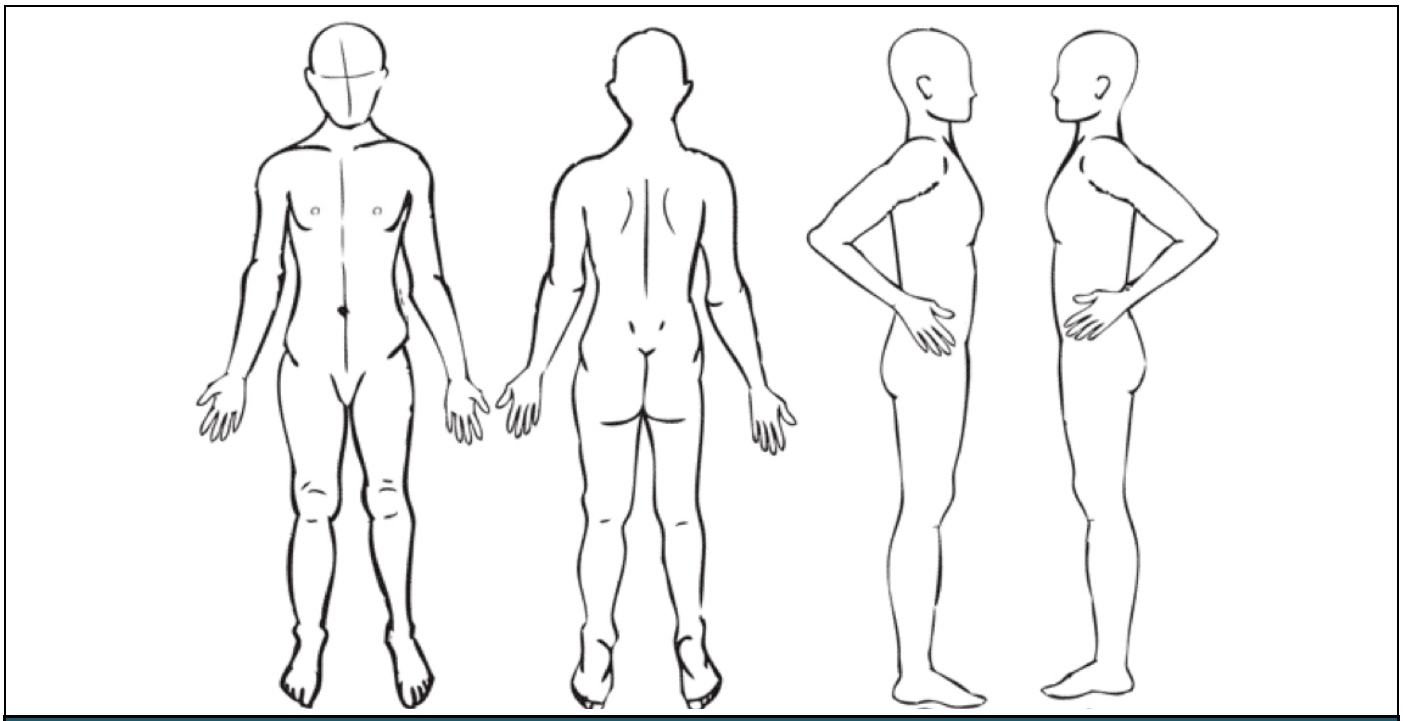
Situation

Background

Assessment (see ABCDE)



Recommendations

NB: This document should be used to handover to next care giver and should then be filed in clinical records, including uploading onto Rio and Eclipse