

SBARD Communication Tool

Reason for Call or Resident Details
(e.g. Name, DoB, NHS No): _____

Remember to provide your own details so that people can contact you (e.g. your name, address, contact number)

		Notes (Date, Time)
S	Situation <i>(Give a clear, concise overview of relevant issues and remember to provide address and contact number)</i> I am... from... (say if you are a registered professional) I am calling about... e.g. resident XX (Name, DOB) I am calling because I am concerned that... (e.g. Resident is exhibiting Soft Signs of Deterioration, NEWS is raised, BP is low, temp is raised, patient is more confused or drowsy)	
B	Background <i>(Briefly state the relevant history - for example...)</i> Resident XX has the following medical conditions... The resident does/does not have a care plan or DNACPR form / agreed Treatment Escalation Plan... They have had... (GP review / investigation / medication) Resident XX's condition has changed in the last XX hours. Their last set of observations was... Their normal condition is... The resident is on the following medications...	
A	Assessment <i>(Summarise the facts and give your best assessment on what is happening)</i> I think the problem is XX and I have... (e.g. given pain relief, medication, sat the patient up etc.) OR I am not sure what the problem is but the resident is deteriorating OR I don't know what's wrong but I am really worried	
R	Recommendation <i>(what actions are you asking for? What do you want to happen next?)</i> I need you to... Come and see the resident in the next XX hours AND Is there anything I need to do in the meantime? (e.g. repeat observations, give analgesia, escalate to emergency services)	
D	Decision <i>(what have you agreed, who is going to do it and what the next steps will be)</i> We have agreed you will visit/call in the next XX hours, and meanwhile I will do XX. If there is no improvement within XX, I will take XX action	

SBARD Communication Tool

SBARD is an easy to use, structured form of communication that enables information to be transferred accurately between individuals. Whilst SBARD is very appropriate for raising safety concerns about Care Home residents it can be used in many other safety critical communications.

How to use SBARD

SBARD consists of standardised prompt questions in five sections to ensure that staff are sharing concise and focused information. It allows staff to communicate assertively and effectively, reducing the need for repetition and the likelihood for errors. As the structure is shared, it also helps staff anticipate the information needed by colleagues and encourages assessment skills. Using SBARD prompts staff to formulate information with the right level of detail.

S – situation

An explanation for the call with a brief description of the current situation with a clear and concise overview of relevant issues. The caller must identify themselves with relevant details about their address and contact number)

I am... from... (say if you are a registered professional) and I am calling about... e.g. resident XX (Name, DOB). I am calling because I am concerned that XX is e.g. exhibiting Soft Signs of Deterioration, NEWS is raised, BP is low, temp is raised, patient is more confused or drowsy.

B – background

Includes a brief description of the relevant history and how you got to this point, for example:

Resident XX has the following medical conditions... XX does/does not have a care plan or DNACPR form / agreed care plan with a limit on treatment/hospital admission. They have had... (GP review/investigation/medication e.g. antibiotics recently). XX's condition has changed in the last XX hours. The last set of observations was... Their normal condition is... XX is on the following medications...

A – assessment

A summary of the facts and your best assessment on what is happening

I think the problem is XX and I have... (e.g. given pain relief, medication, sat the patient up etc.) OR I am not sure what the problem is but the resident is deteriorating OR I don't know what's wrong but I am really worried

R – recommendation

What actions are you asking for? What do you want to happen next?

I need you to... Come and see the resident in the next XX hours AND Is there anything I need to do in the meantime? (e.g. repeat observations, give analgesia, escalate to emergency services)

D - Decision

What have you agreed?

We have agreed you will visit/call in the next XX hours, and meanwhile I will do XX If there is no improvement within XX, I will take XX action.