

## Chiltern Clinical Commissioning Group





## The \*SBARD Communication Tool for Care Homes

Situati	on: I am calling from calling		
	because I am concerned that		
relevar taken?	Background: Describe what is happening, state how long this has been going on and (if known) any relevant medical history (e.g. stroke, dementia, history of falls). What actions have already been taken?		
Asses	sment Date: I have checked:		
1.	Temperature is:		
2.	Blood Pressure and Pulse is:		
3.	UTI is suspected; Urinalysis is:		
4.	Breathing is:		
5.	Any change in levels of confusion?		
6.	The resident complains of pain: where?		
7.	Have there been any recent falls?		
	a. Dates and		
8.	Bowels were last opened on?		
	a. Texture: Normal / Loose / Constipated		
9.	Sleep pattern is		
10.	Food and fluid intake is;		
11.	Oxygen sats are		
Recom	nmendation:		
I need	telephone advice from a GP/Health Professional		
I need	a GP/Health Professional to visit		
Decision	on:		
It is agı	reed that the GP/Health Professional will:		
Call ba	ck between and or visit		
Outcor	me:		
(*SBARI	D - Situation, Background, Assessment, Recommendation, Decision)		
Produced			

Produced by:	Quality in Care Team - Buckinghamshire
Version and Date:	Version 2 - April 2016
Ratified by:	Medicines Management JET, 21 April 2016
Review date:	April 2019