

Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

CHI: \_\_\_\_\_

*Affix Patient Data Label*

## Major Trauma Ward SBAR for Patient Admission

Staff Nurse: \_\_\_\_\_

Date: \_\_\_\_\_

Bed ready: \_\_\_\_\_

Time: \_\_\_\_\_

INFECTION RISK: YES  NO

INFECTION: \_\_\_\_\_

SIDEROOM REQUIRED: YES  NO

*NOTE: Patients that have COVID concerns, C-Diff, VRE, CPE, D&V, Norovirus, Shingles, Influenza and TB all need isolated.  
\*PLEASE SEE NURSE IN CHARGE IF ANY CONCERNS\**

### SITUATION

PRESENTING COMPLAINT: \_\_\_\_\_

\_\_\_\_\_

### BACKGROUND

RELEVANT PMH: \_\_\_\_\_

\_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MOBILITY: Independent/Walks with walking aid/Walks with ass. of 1/Walks with ass. of 2/non-ambulant

### ASSESSMENT

Time of Last Observations: \_\_\_\_\_ LATEST NEWS: \_\_\_\_\_

HR:      BP:      RR:      SATS:      O2:      TEMP:      BM:      GCS:      /15

PAIN SCORE:      /10

### RECOMMENDATIONS

DIFFERENTIAL DIAGNOSIS: \_\_\_\_\_

Actions required **PRIOR** to admission to ward: IV FLUIDS  IV ABx  ANALGESIA  NBM  ORAL MEDS

DNAR: YES  NO

PATIENTS OWN DRUGS FOR TRANSFER: YES  NO

HAS PATIENT ANY SAFE VALUABLES: YES  NO

*A CLINICAL DECISION HAS BEEN MADE BY YOURSELF THAT THE PATIENT IS FIT ENOUGH TO TRANSFER WITHOUT A NURSE ESCORT OR VERBAL HANDOVER.*

*A NURSE HANDOVER/ESCORT IS REQUIRED IF ONE OF THE FOLLOWING CRITERIA IS MET.*

-NEWS 5 OR ABOVE (or 3 in one parameter).  
-ON 4L O2 OR ABOVE.  
-CONFUSION OR AGITATION.  
-IV MEDICATION/BLOOD -TRANSFUSION RUNNING.

- TLC/EOL  
- ANY PT ON NIV/CARDIAC MONITORING/  
- NO MORPHINE IV IN LAST 30MINS