Saint Francis Hospital - Bartlett

Date: _____

Nurse SBAR Handoff Sheet

Room # _____

S

Pt Sticker

**Allergies:

**Consulting Physicians:

**Special Needs: Blind, Deaf or Language

Constant Observer:

Psych Consult/Referral:

**Admission Dx:

**Code Status:

**Suicidal?

Advanced Directive on Chart:

Medicallly Cleared?

B

**Significant History:

**Isolation: Type: Reason:

Location:

Surgeon: POD#

EBL:

Restraints:

Surgery:

**Morse Fall Risk Score:

Vaccine: Flu Pneumonia

A

Cardiac:

**Current Vital Signs: EKG

**Heart Rhythm: Tele Box # EF %

Daily Weight:

DVT Prophylaxis: SCD's per Protocol?

Pain/Sedation Level:

A&O:

**Meds: Type & Last Dose

Pulmonary: Breath Sounds/Secretions

O2 Sat%

Breathing Tx:

Activity:

BR

BRP

OOB/Assist

OOB/PT

Accuchecks

Frequency

Last BS

GI: NG

Bowel Sounds Last BM

**Diet:

GI Prophylaxis:

Skin/Wound

**Wounds:

Staples:

Drains:

Location:

Skin Photo at Admit?

GU: **Foley or Void Date Foley Inserted, Reassesment, D/C:

Output: Bladder Irrigation?

**IV Location? Date Inserted, Reassessment, D/C:

CVL/PICC?

**IVF:

**Pt on Vancomycin? Trough Ordered?

**Pt on Heparin Drip or TPN?

Pending Orders/Labs

Medications:

Shift Plans:

*Med Rec Updated and Complete?

Abnml or Alert Labs

Na	Cl	BUN	Glu	Mg	BNP	PT/INR	Hct	WBC	CXR
K	Co	Cr	Ca	Phos	Ddimer	PTT	Hgb	RBC	CT
Trop	1	2	3	Cultures			UA:		MRI
Lactic Acid	1	2	3	Blood Band #					ECHO

R

D/C Plan: patient/family notified of plan? D/C by Noon?

D/C to: Home Nsg Home Rehab LTAC

Any D/C Therapies? HH PT IV Meds

Have all physicians been notified?

Core Measure Pt? Use separate CM sheet.

Stroke MI CHF

SCIP Sepsis Pneumonia

Any Triggers?