SBAR Obstetrical Report

Name:

DOB:

PHIN (9 digit):

MB Health (6 digit):

The SBAR Obstetrical Report (verbal or written) supports communicating and highlighting a summary of pertinent information, to guide ongoing quality care for referral, consultation or mitigating risk during care transition.

Situation: *Reason for transfer/consult/referral [Identify yourself and the patient, 'I am concerned about':*

i.e.
fetal heart rate
contraction pattern
vital signs
vaginal bleeding
lack of progress

Background: *Relevant medical and psychosocial history:*

Gravida/Para @ ____ weeks gestation
significant obstetrical history such as:
onset of contractions
rupture of membranes
problems with current pregnancy
problems with previous pregancy
patient complaints/pain level

Assessment: *Summarize pertinent and significant findings and your assessment. What do you think the problem is? What are you worried about? What is your gut sense? Give your conclusions about the current situation*

i.e.
vital signs (if abnormal)
pelvic exam
fetal surveillance
uterine activity
significant lab values

Recommendation(s): *What do you recommend for immediate care needs? Share your insight regarding what to worry about, what could go wrong and what to look for? Confirm shared understanding with receiving provider ['What I need from you..', be specific about a time frame, suggest treatments, confirm orders/when to call back, document plan]*

Optional

Date: _____ Time: _____

Information shared with: _____

Completed by: _____ Signature: _____

Documented SBAR/copy is filed in the Client Health Record