

# Palliative Care SBAR Communication Tool

<p style="text-align: center; font-size: 1.5em; font-weight: bold;">S</p> <p style="text-align: center;">ituation</p> <p>PPS _____</p> <p>ESASR _____</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%;">Date</th> <th style="width: 15%;">Date</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; font-weight: bold;">Symptom</td> <td></td> <td></td> </tr> <tr> <td>Pain</td> <td></td> <td></td> </tr> <tr> <td>Tiredness</td> <td></td> <td></td> </tr> <tr> <td>Drowsiness</td> <td></td> <td></td> </tr> <tr> <td>Nausea</td> <td></td> <td></td> </tr> <tr> <td>Lack of Appetite</td> <td></td> <td></td> </tr> <tr> <td>Shortness of breath</td> <td></td> <td></td> </tr> <tr> <td>Depression</td> <td></td> <td></td> </tr> <tr> <td>Anxiety</td> <td></td> <td></td> </tr> <tr> <td>Well-being</td> <td></td> <td></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> </tr> </tbody> </table>		Date	Date	Symptom			Pain			Tiredness			Drowsiness			Nausea			Lack of Appetite			Shortness of breath			Depression			Anxiety			Well-being			Other:			<p>I have concerns about: _____</p> <p>_____</p> <p>Name _____ DOB _____</p> <p style="text-align: right; margin-right: 20px;">MM    DD    YR</p> <p>Health Card Number _____ Gender _____</p> <p><input type="checkbox"/> The problem I am calling about is...    <input type="checkbox"/> The reason for transfer is...</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p style="text-align: center; font-size: 1.5em; font-weight: bold;">B</p> <p style="text-align: center;">ackground</p> <p>Diagnosis _____</p> <p>History of illness, related factors</p> <p>_____</p> <p>_____</p>	<p>Allergies _____</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 50%; text-align: center;">Symptoms</th> <th style="width: 50%; text-align: center;">Current Medications (or attach medication sheet)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Symptoms	Current Medications (or attach medication sheet)																																		
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<p style="text-align: center; font-size: 1.5em; font-weight: bold;">A</p> <p style="text-align: center;">ssessment</p> <p>Onset _____</p> <p>Provoking/Palliating _____</p> <p>Quality _____</p> <p>Region/Radiation _____</p> <p>Severity _____</p> <p>Treatment _____</p> <p>Understanding/Impact on you _____</p> <p>Values _____</p>	<p><b>O</b> _____</p> <p><b>P</b> _____</p> <p><b>Q</b> _____</p> <p><b>R</b> _____</p> <p><b>S</b> _____</p> <p><b>T</b> _____</p> <p><b>U</b> _____</p> <p><b>V</b> _____</p>																																				
<p style="text-align: center; font-size: 1.5em; font-weight: bold;">R</p> <p style="text-align: center;">ecommendations</p> <p><input type="checkbox"/> Can you please visit to assess</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Upon arrival can you please assess</p> <p>_____</p> <p>_____</p>	<p>I recommend.../my thoughts are.../I wonder if...?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Nurse's Name/Agency: _____</p> <p>Contact number: _____</p> <p style="text-align: center;">Date: _____</p>																																				

Adapted from the Fraser Health Hospice SBAR Communication Tool by the Palliative Pain & Symptom Management Consultation Service for the SE Local Health Integration Network Aug2017