

Box 14-3 • SBAR Communication Tool

SBAR is an acronym for Situation, Background, Assessment, and Recommendation. Communication tools such as the SBAR provide the RRT leader with a template for gathering pertinent information, facilitating communication with the physician, and facilitating triage decision making.

- Situation:** State your name and unit.
State the name of the patient you are calling about.
State the problem for which the team was consulted.
- Background:** State the admission diagnosis and the date of admission.
State the pertinent medical history.
Provide a brief synopsis of the patient's hospital course.
State the code status of the patient.
- Assessment:** Most recent vital signs
BP: _____; pulse: _____;
respirations: _____; temp: _____
Any change from prior assessments:
Mental status:
Quality of respirations:
Pulse/rhythm change:
Pain:
Skin color:
Neurologic changes:
Nausea and vomiting, output:
- Recommendation:** State your triage recommendations.
For example:
Transfer to CCU
Have the physician come see the patient at this time
Arrange for specialist to see the patient now
Arrange for tests (e.g., chest x-ray, ABG, ECG, CBC)

Adapted from Duncan KD: Nurse-led medical emergency teams: A recipe for success in community hospitals. In DeVita MA, Hillman K, Bellomo R (eds): Medical Emergency Teams: Implementation and Outcome Measurement. New York, Springer, 2006, pp 122–133.

transport. However, it is important for the sending nurse to be aware of these potential problems to assist in their prevention.

Other environmental factors affecting the patient during the transport include changes in temperature and humidity as well as the presence of noise and vibration. The degree to which each of these factors occurs depends very much on both the mode of transport—that is, whether the vehicle is a fixed-wing or rotary-wing aircraft—and the type of aircraft. The flight crew takes the necessary steps to either prevent or decrease the effects of each of these factors on the patient.

If the critically ill patient is conscious and aware of the need for air transport, the sending nurse screens

the patient for the presence of fear or anxiety related to flying and a history of motion sickness while in a moving vehicle. Consultation with the sending physician is indicated when any of these factors exist because treatment with an anxiolytic or antiemetic medication could aid in preventing clinical problems during the flight. The flight crew screens the patient for the presence of these factors during the preflight assessment.

TRANSFER GUIDELINES AND LEGAL IMPLICATIONS

To facilitate the appropriate transfer of patients, the ACEP has developed guidelines. These principles of appropriate patient transfer are listed in Box 14-4.

Legislation also exists that provides guidelines, regulations, and penalties for patient transfer. One such law, the Consolidated Omnibus Reconciliation Act (COBRA) of 1985, contains provisions addressing the transfer of patients from hospital to hospital. The purpose of the legislation is to prevent inappropriate transfers of patients who seek emergency department care. As a result, this legislation has become known as the “antidumping” law.

The following provisions of the COBRA legislation prevent any patient from being denied an initial screening in an emergency department or from being transferred to another hospital or discharged without receiving care:

1. Hospitals must provide screening examinations for every person who comes to the emergency department and requests care.
2. If the patient has an emergency medical condition, the hospital must provide stabilizing treatment or transfer the patient to another medical facility. The physician must document that the medical benefits outweigh the risks of the transfer.
3. The receiving medical facility agrees to accept the patient and provide appropriate medical treatment. The receiving medical facility must have adequate space and qualified personnel to care for the patient.
4. The transfer is conducted by qualified personnel and appropriate equipment needed to provide care during the transfer is available.¹⁰

There may be situations when a patient is not stabilized, yet conditions are appropriate for transfer. This would occur when:

1. The risks of remaining at the initial facility are outweighed by the benefits of transfer.
2. The patient or family requests the transfer.
3. A physician is not present at the initial facility but a qualified medical person certifies that the benefits outweigh the risks.
4. The transfer occurs with appropriate equipment and qualified personnel.¹⁰

Figure 14-3 presents the requirements for evaluating a patient's suitability for transfer, as outlined