

## SBAR- Handover to Professionals

**S**

**Situation**

**B**

**Background**

**A**

**Assessment**

**R**

**Recommendation**



S

**Situation** – resident/client’s details, identify reason for this communication, describe your concern

B

**Background** – relating to the resident/ client, significant history, this may include medications, investigations/ treatments

A

**Assessment** – what is your assessment of the resident/ client or situation, this can include clinical impression/ concerns, vital signs/ early warning score

R

**Recommendations** – be specific, explain what you need, make suggestions, clarify expectations, confirm actions to be taken

## SCENARIO 1

Arjun Patel is a 75 year old Indian man with Parkinson's disease. He takes Sinemet and Entacapone. Arjun loves his daily walk and is upset that his mobility has declined due to the muscle stiffness getting much worse. Arjun gets a lot of comfort from his Hindu religion and he never misses his daily prayers in the morning, afternoon and evening. This morning, when you come to see Arjun, you notice that he is coughing at times. Arjun says he is feeling very tired, appears slower in his verbal responses and he doesn't feel up to his prayers this morning.

With the help of one of your colleagues, you sit Arjun into a more upright position supported by pillows. As you are doing this, Arjun has a coughing episode bringing up greenish phlegm into a tissue.



## SCENARIO (continues)

Two hours later you come back to check on Arjun and you notice that he has developed a slight wheeze and he feels warm to touch.

You take his observations:

Heart rate of 95 beats per minute when his normal is 60 bpm.

Respiratory rate of 17 breaths per minute

Blood pressure of 128/80 mmHG

Oxygen saturation was 92% when his normal is 95%

Temperature of 37.9°C

The NEWS2 score is 3

You are very concerned about Arjun and decide to contact the GP for an urgent review.

S

Situation – ‘My name is .....and I am a carer at .....home. I am calling about our resident Mr Arjun Patel who this morning I noticed was coughing at times and had a slight wheeze.’

B

Background – ‘Arjun is 75 years old and has Parkinson’s disease. There has been some recent decline in his mobility and ability to complete ADL’s .He is currently on Sinemet and Entacapone .’

A

Assessment – ‘This morning I observed that Arjun was very tired and appeared slower in his verbal responses. He was not up to his morning prayers which is very unusual for him. He has coughed some green phlegm and has developed a slight wheeze. The vital signs were slightly raised from his normal baseline with a resting heart rate of 95 beats per minute, a respiratory rate of 17 breaths per minute, a blood pressure of 128/80 mmHG and the last oxygen saturation was 92% when he normally has 95%. He also has a temperature of 37.9°C. He’s NEWS2 is 3. We think that he may have a chest infection’

R

Recommendation – ‘Please could you urgently review Arjun and advise what next steps should be taken’

## SCENARIO 2



Charlie Newton is a 77 year-old resident. He was admitted three years ago after his wife, Molly, sadly passed away. Charlie is a very reserved person. He doesn't talk much and likes to keep his independence as much as possible, as he used to do at home. Over the last month, the staff have noticed that Charlie's Parkinson's is getting worse. His arms and legs are stiffer. His tremor is worsening to the point that he struggles to feed himself without scattering food on the table. His movements are very slow, and it always takes him a long time to complete any task, like buttoning his shirt, what makes him really frustrated. The GP came to see him recently and she increased the dose of Co-beneldopa, his antiparkinsonian medication.

## SCENARIO 2 (continues)

One morning you come to Charlie's bedroom and you notice that he isn't quite himself. He looks tired and more withdrawn than usual. When walking to the toilet with your assistance, he seems more unsteady on his feet than usual. You take his observations : BP 135/75, HR 72, RR 16, Sat 97%, T 36.7C. You ask Charlie if he is feeling ok, and he responds that he is tired because he had a bad night of sleep. You tell Charlie that you will come and check on him in an hour . Charlie nods distracted while he watches the BBC News.

When you come back an hour later, Charlie is not in his bedroom watching TV anymore. You find Charlie on the bathroom floor, trembling. You shout for help and kneel to reassure him. A colleague arrives and together you make Charlie comfortable on the floor with a pillow for his head and a blanket. You take Charlie's observations :BP is 110/60, HR 112, RR 23, Oxygen Saturations 97%, T 36.8 C and he is alert. His NEWS2 is 5, so you contact 111.



**S**

My name is .....and I am a .....at Under the Trees residential home. I am calling about our resident Charlie Newton who just had an unwitnessed fall in the bathroom.

**B**

Charlie is a 77 year-old man with Parkinson's and Osteoporosis. He is on Co-beneldopa, Alendronic acid and Paracetamol. His Parkinson symptoms worsened over the last months and the GP increased his dose of Co- beneldopa two days ago.

**A**

This morning he wasn't feeling himself. He looked tired and withdrawn and we noticed that he was more unsteady on his feet than usual. When we came to check on him an hour later, we found him on the floor trembling. We have taken his observations: His NEWS2 score is 5. BP is 110/60, HR 112, RR 23, Oxygen Saturations 97%, T 36.8 C and he is alert. We are unsure if he has a fracture, but he looks in pain. We haven't tried to move him from the floor yet.

**R**

Please could you urgently send an ambulance and advice what steps to take next.



## SCENARIO 3

Karen is 24 years old and lives in supported accommodation. She has learning difficulties, epilepsy and anxiety. She takes carbamazepine and sertraline. Her epilepsy is usually well-controlled. She gets quite anxious, and tends to cope better when she sticks to the same daily routine. She can carry out many of her ADLs with prompting, as long as her items are accessible and in the same place. She likes to do jigsaws and colouring, and does like daytrips into town as long as she is accompanied. She doesn't go out alone as she finds crowds overwhelming and would struggle to use public transport. Much of the support that you provide as a carer is reassurance and support.



## SCENARIO 3 (continues)

One morning, you go to see her and she seems more anxious than usual. She is distressed that she can't find her toothbrush, although you left it in the same place that you usually do. You notice that she is following you around the flat and seems reluctant to be left alone. She can't settle to do her jigsaw as she usually does, and wants you to help her.

Although she is often anxious, she is usually okay as long as she is in her own environment.

You decide to do some observations: BP 118/60. HR 98 sats 97% temp 36 RR 14

Her NEWS 2 is 1.

## SCENARIO 3 (continues)

You visit Karen later. She is lying on the sofa watching the television. She looks listless and pale. As you are laying her lunch on the table, you see a jerking movement out the corner of your eye. You realise she is fitting. You support her head and stroke her arm and thankfully the fit doesn't last for more than a minute. She is drowsy when she stops fitting so you put her in the recovery position. After a few minutes, she rouses fully and knows who you are and where she is. But she is tired and just wants to sleep.

You repeat her observations:

BP 102/58 HR 106 Sats 96% temp 38.2 RR 16

Her NEWS2 is 3



S

Situation – ‘My name is X and I work in X. I need to talk to you about one of our residents, Karen Nicholas , who has deteriorated since this morning’

B

Background – ‘Karen is a 24 year old woman with epilepsy, anxiety and learning difficulties. She has epilepsy and takes carbamazepine and sertraline. .’

A

Assessment – ‘She wasn’t herself earlier today. She was much more anxious. She then became drowsy. Now, she has just had a seizure which lasted about one minute. She doesn’t usually have seizures. Her observations are:  
BP 102/58 HR 106 sats 96% temp 38.2 RR 16  
Her NEWS2 score is 3.

R

Recommendation – ‘Please could you review Karen. I am worried about her seizure and her temperature. I think she might have an infection.’

# Scenario

Ashley Brown is a 30-year-old resident. He has a mild learning disability and was diagnosed with schizophrenia and anxiety.

He is on Olanzapine and Paracetamol. He has been on his current medications for over 2 years.

He has been a resident for 2 years and previously lived with his parents.

Ashley enjoys spending time in his bedroom playing games on his PC and watching movies on Netflix. He enjoys going to college to socialize with his peers. He is quite independent but can be reserved at times.

## Scenario(continues)

One morning, the staff took Ashley to college, he was bubbly and excited about attending his art class. However, when you went to pick him up from college you noticed that he was not engaging and seemed very reserved.

When you arrived home you took his observations.

**You take his observations:**

BP 135/ 74, HR 74, RR 20, Sat 96%, Temp 36 and he is alert. His NEWS2 score is 2.

You asked Ashley if he feels ok and he said he is tired.

## Scenario(continues)

Around 4 pm, when you went to support Ashley in preparing dinner, you found him curled up in bed, and he seemed to be in pain.

You asked Ashley when the pain started, and he responded about an hour go. You asked Ashley where the pain was, he pointed at his abdomen.

You asked Ashley if he had pain anywhere else he said “My belly really hurts”. You asked if he ate anything in college and he said that he wasn’t hungry. When you check the bowel chart you realize he hasn’t opened bowels for the last 3 days when he normally goes to the toilet every day.

You take his observations again: BP 150/91, HR 109, RR 23, Sat 96%, Temp 36.1 and he is alert. His NEWS2 score is 3.

You decide to call the GP for



**S** Situation – ‘My name is X and I work in X. I need to talk to you about one of our residents, Ashley Brown. I found Ashley curled up in bed in pain he said his belly really hurts.

**B** Background – Ashley is 30 years old with mild learning disabilities, schizophrenia and anxiety. He is on Olanzapine and takes Paracetamol. He has been on his current medications for over 2 years

**A** Assessment –Can be reserved at times, he was not engaging and seemed very reserved today.  
He said the pain was in his belly and started just over an hour ago.  
He has not opened his bowels for three days when he goes everyday.  
He did not eat when he went to college

His observations are:  
BP 150/91, HR 109, RR 23, Sat 96%, Temp 36.1 and he is alert. His NEWS2 score is 3.

Could you please review Ashley. I am worried about his pain.



## SCENARIO 4

Matilda is 72 and has schizophrenia. She is a quiet, contented lady who likes to potter around the home and gardens with her frame. She talks to staff and residents, but doesn't really hold a conversation for long. It is sometimes difficult to follow the thread of what she is saying. She enjoys her own company. She takes olanzapine and mirtazapine and has done for years.

Her mental health is reasonably stable. She can often be heard mumbling to herself, and often refers to someone called 'Burt' although there is no such person in the home, and none of her family are called Burt. However, she talks about Burt matter-of-factly, without any signs of distress.

She usually eats and drinks well, and can self-care with help and prompting.

Her physical health is good, besides pre-diabetes. She is on no other medication.



## SCENARIO 4 (continues)

One morning, you go into her room to help her get up. She refuses to get out of bed, rolling over and turning her back on you. You think she might be tired so you decide to leave her for an hour and come back.

An hour later, she is still in bed. She is laying under the covers, muttering rapidly to herself and staring at the wall. You can't make out exactly what she is saying.

You decide to take her observations:

BP 145/ 95   HR 106   SATS 94%   TEMP 37.5   RR 20   NEWS2- 5

She tolerates the most of the observations ok, but becomes agitated as you take the blood pressure cuff off. She starts screaming and batting you away. You try and calm her down, but she is pointing at the wall and crying.

## SCENARIO 4 (continues)

You know that something is not right with Matilda. She is not her usual self and her NEWS2 is 5. You are concerned that her heart rate is high, 106, her oxygen saturations are 94% when usually they are 97% and she looks more confused and agitated than usual.

You inform your senior member of the staff promptly and contact the GP straight away.



S

Situation – ‘My name is X and I work in X. I need to talk to you about one of our residents, Matilda Fitzgerald , who has deteriorated since this morning’

B

Background – ‘Matilda is a 72 year old lady with schizophrenia. She is on olanzapine and mirtazapine, and has been for years. She has prediabetes. She is on no other medication. She is usually mobile and able to hold a brief conversation.’

A

Assessment – ‘She is more confused today. Her hallucinations are worse, and she is distressed. Her observations are:  
BP 145/ 95 HR 106 SATS 94% TEMP 37.5 RR 20  
Her NEWS2 score is 5.’

R

Recommendation – ‘Please could you urgently review Matilda? I am not sure whether there is physical health problem or whether her mental health has deteriorated.’