

Handover resource: SBAR - Situation, Background, Assessment, Recommendation

PRO FORMA – DETAILS TO BE COMPLETED AS INDICATED ON SECOND PAGE

The importance of good handover

High-quality handover of patient information between shift changes, to senior clinicians, or among different disciplines can reduce the risk of adverse patient outcomes in diagnostic delays and treatment. NICE recognises that structured handovers increase positive care outcomes for patients.

The Healthcare Safety Investigation Branch's report on the diagnosis of ectopic pregnancy included a safety recommendation on improvement to information that should be provided to early pregnancy units to identify those most at risk from ectopic pregnancy and consequent deterioration.

The SBAR format – Situation, Background, Assessment, Recommendation

A systematic literature review identified the SBAR format as an effective standardised approach to handover and is recommended by the Joint Commission International and the World Health Organization. SBAR handover is recognised by the NHS as an easy-to-use, structured form of communication that enables information to be transferred accurately between individuals. It provides a standardised format to ensure staff share concise information which improves communication of key detail and reduces missed information and errors. It is widely used in UK healthcare settings.

The pro forma below shows how a clinician may use the SBAR handover format when caring for a patient with ectopic pregnancy, either to raise awareness about deterioration of health or to hand over to another discipline.

Resources:

[Safe handover | The BMJ](#)

[SBAR Communication Tool, NHS England and NHS Improvement](#)

[NICE Quality Standard, QS174, Emergency and acute medical care in over 16s, Quality Statement 4, Structured patient handovers](#)

[Healthcare Safety Investigation Branch, Diagnosis of Ectopic Pregnancy, Safety Recommendations](#)

SBAR handover pro forma - DETAILS TO BE COMPLETED AS INDICATED

S *Situation (Identify yourself, unit, patient details, reason of concern)*

I am [Name] a nurse/midwife/paramedic/doctor on [unit/ward]. I am calling about [patient name]

I am calling because [This patient requires assessment on EPAU/Needs review from gynaecology/Needs urgent assessment]

I am concerned that the patient [has an ectopic pregnancy/has a ruptured ectopic pregnancy]

B *Background (reason for admission, significant history, clinical status)*

[Patient name] was reviewed on [date] with [identify symptoms]

OR

[Patient name] condition has changed. Their last set of observations were [BP, pulse, SpO₂, Early Warning Score]

A *Assessment (assessment of the situation)*

I think the problem is an ectopic pregnancy or an ectopic pregnancy which has ruptured; or

I am not sure what the problem is but the patient's condition is deteriorating; or

I do not know what the problem is, but I am worried

R *Recommendation (what you would like to happen by the end of the conversation)*

I need to refer the patient to the EPAU for further investigations

I need you to attend to and see the patient in the next [xx minutes] AND is there anything I can do in the meantime