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**SBAR Example for Newborn Nurse Report to Pediatrician**

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| S  **Describe situation**  Always identify yourself, your location, and the name of the patient. Then quickly state the main reason and the level of urgency for the call. | My name is …. from…..  I am calling about the patient ….   * Please select one:   + You have a new admission to your service.   + Your new admission has an increased risk for sepsis.   + I want to provide an update on your patient (includes any abnormal assessments that require the RN to call pediatrician). |
| B  **Provide background**  Give brief pertinent background information – medical history, vital signs, and interventions that have already occurred. | Baby …   * Infant weight, sex, and gestational age * Born to a patient ... year old GsPs * Born by vaginal delivery, forceps/vacuum or cesarean delivery (describe indication) * In the delivery room, infant received (describe any resuscitation measures) * Maternal labs are   + Blood type, Hep B, RPR HIV, Rubella, and GBS     - GBS 🡪 Unknown/Yes … describe antibiotics * Had (clear/meconium/bloody) fluid and was ruptured for a total of hrs * Maternal history was significant for …   + Pregnancy complications? 🡪 Yes… describe   + Delivery complications? 🡪 Yes… describe   + Pertinent medications 🡪 Yes…describe   + Social concerns or substance use 🡪 Yes... describe * Cord gas results and blood type (if available) |
| A  **Share infant assessment** | According to the Neonatal Early-Onset Sepsis calculator, my assessment indicates …   * Well Appearing   + No persistent physiologic abnormalities * Equivocal   + Persistent physiologic abnormality > 4 hrs   + Tachycardia (HR > 160)   + Tachypnea (RR > 60)   + Temperature instability (> 100.4˚F or < 97.5˚F)   + Respiratory distress (grunting, flaring, or retracting) not requiring supplemental O2   + Two or more physiologic abnormalities listed above lasting for > 2 hrs   Note: abnormality can be intermittent   * Clinical Illness   + Persistent need for NCPAP / HFNC / mechanical ventilation (outside of the delivery room)   + Hemodynamic instability requiring vasoactive drugs   + Neonatal encephalopathy / Perinatal depression     - Seizure     - Apgar Score @ 5 minutes < 5   + Need for supplemental O2 > 2 hours to maintain oxygen saturations > 90% (outside of the delivery room) * The NEOSC calculator predicts the risk of EOS at X per 1,000 births. |
| R  **Make recommendation**  Say what you think should happen or ask for specific orders. | Based on this EOS risk and my clinical exam, the NEOSC recommendations include   * Share clinical recommendations listed in NEOSC calculator for the relevant Clinical Exam. * Share vital sign frequency recommendations from the NEOSC risk calculator for the relevant Clinical Exam. |