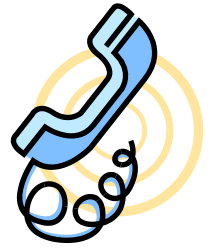


SBAR Pediatric Pain Report

BEFORE Reporting:

1. Assess the patient
2. Review the chart for the appropriate practitioner to call
3. Know the admitting diagnosis
4. Read the most recent Progress Notes and the assessment from the nurse of the prior shift.
5. Have available when speaking with the practitioner:

Chart, Allergies, Meds, Labs / Results



S

SITUATION

State your **name and agency or facility (and unit)**

I am calling about: **(Patient Name & Address or Facility)**

The **problem** I am calling about is:

B

BACKGROUND

State the pertinent **medical history/ any recent trauma**

A Brief Synopsis of the **treatment to date and effectiveness**

A

ASSESSMENT

Height: _____ Weight: _____

Gestational Age: _____ Actual Age: _____

Onset	
Precipitating & Alleviating factors	
Quality	
Region & radiation	
Severity	
Timing	
U "How is the pain affecting the patient & family?"	

Any changes from prior assessments:

R

RECOMMENDATION

Do you think we should: (State what you would like to see done)

- Order an analgesic? (NB: match the severity of the pain with the analgesic order)
- Come to see the patient at this time ?
- Consult the Pain & Symptom Management Team?
- Other _____

Are any tests needed ?

- Do you need any tests?

If a change in treatment is ordered, then clarify:

- when next follow up communication and updates will occur: and
- update and revise documentation to reflect the care plan changes.



SBAR Pediatric Palliative Reporting



BEFORE Reporting:

6. Assess the patient
7. Review the chart for the appropriate practitioner to call
8. Know the admitting diagnosis
9. Read the most recent Progress Notes and the assessment from the nurse of the prior shift.

Have **available** when speaking with the practitioner: **Chart, Allergies, Meds, Labs / Results**

S

SITUATION

State your **name and agency or facility**

I am calling about: **(Patient Name & Address or Facility)**

The **problem** I am calling about is:

B

BACKGROUND

State the pertinent **medical history/ any recent trauma**

A Brief Synopsis of the **treatment to date and effectiveness**

A

ASSESSMENT

Height: _____ Weight: _____

Gestational Age: _____ Actual Age: _____

ESAS (enter scores or presence of symptom)	_____ PAIN	_____ DEPRESSION	_____ NAUSEA
	_____ ANXIETY	_____ DROWSINESS	_____ TIREDNESS
	_____ APPETITE	_____ WELL BEING	_____ SOB/ DYSPNEA
PPS	_____ %	Change in Status?	
Physical			
Psychological			
Social			
Spiritual			
Practical			
End of Life Care Management			
Grief/ Loss Issues			
Family Issues/ Coping			

Any changes from prior assessments:

R

RECOMMENDATION

Do you think we should: (State what you would like to see done)

- Order an analgesic? (NB: match the severity of the pain with the analgesic order)
- Order another medication for symptom management? (Refer to Clinical Guidelines)
- Have the patient seen at this time ?**
- Make a **referral** to another member of the team? Physio? OT? Spiritual Care? PPSM Team?
- Other _____

Are any tests needed ?

- Do you need any tests? XRAY Bloodwork? Other?

If a change in treatment is ordered, then clarify:

- When the next follow up / update will be communicated to the practitioner and
- The documentation of changes to the care plan, and if necessary:
- Will your on call team be available for us should we need a physician off hours?**

