

# Palliative Care SBAR Communication Tool

## Situation

PPS Score (%):

ESAS-R:

I have concerns about:

Name

DOB

Health Card Number

Gender

The problem I'm calling about is...

The reason for transfer is...

Please specify:

Symptom	Date	Date
Pain		
Tiredness		
Drowsiness		
Nausea		
Lack of Appetite		
Shortness of breath		
Depression		
Anxiety		
Wellbeing		
Other:		

## Background

Diagnosis:

History of illness, related factors:

Allergies:

Symptoms	Current Medications (or attach medication sheet)	

## Assessment

- O**nset
- P**rovoking/Palliating
- Q**uality
- R**egion/Radiation
- S**everity
- T**reatment
- U**nderstanding/Impact on you
- V**alues

**O**  
**P**  
**Q**  
**R**  
**S**  
**T**  
**U**  
**V**

## Recommendations

Upon arrival, can you please assess:

Can you please visit to assess:

Please specify:

I recommend.../my thoughts are.../I wonder if...:

Please specify:

Nurse Name/  
Agency

Contact Number:

Date: