

SBAR — escalating a deteriorating surgical patient

Pocket card. The Recommendation is the part that gets a response.

S	SITUATION Who you are, who the patient is, and what is wrong — in one sentence. <i>"This is Sister Hanna on surgical ward 2. I'm calling about Mr. Abebe in bed 7 — he's become tachycardic and febrile."</i>
B	BACKGROUND The operation, the postoperative day, the relevant history. <i>"He's day 4 after an anterior resection. He was eating and passing flatus on day 2, but stopped yesterday and is now distended."</i>
A	ASSESSMENT What you think is happening. Say it even if you are unsure — "I don't know what this is but I am worried" is an assessment. <i>"I'm concerned this may be an anastomotic leak."</i>
R	RECOMMENDATION What you want, and BY WHEN. Say what you have already done. <i>"I need you to review him within the next 30 minutes. I've sent bloods and have IV access ready."</i>

Speaking up across a hierarchy — graded assertiveness

Step	What you say	When to use it
1. Probe	"I may have missed it — was the antibiotic given?"	First, always. Low cost, impossible to take offence at.
2. Alert	"I'm concerned the antibiotic hasn't been given."	If the probe did not get a satisfactory answer.
3. Challenge	"We need to stop and confirm the antibiotic before incision."	If the alert was dismissed.
4. Emergency	"Stop. I am not able to continue until this is confirmed."	When patient safety requires it. Be willing to reach this step.

To the senior people reading this: how you receive step 1 determines whether anyone ever reaches step 2 with you. A junior colleague made to feel foolish for asking a question will not ask the next one — and the next one will be the one that mattered.