



SBAR Clinical report on Maternity situation

S

SITUATION

I am calling about (name of women): Ward: Hosp. No:
The problem I am calling about is.....

I just made an assessment of the patient:

Vital signs: BP: Pulse: Rep.rate: Oxygen saturation: %
Oxygen at: /min Temperature: °C

I am concerned about:

Blood Pressure because:

Systolic pressure > 160mmHg
Diastolic pressure > 100mmHg
Systolic pressure < 90mmHg

Pulse because:

Pulse rare > 120
Pulse rate < 40
Pulse rate > systolic BP

Respiration rate because:

Rate < 10/min
Rate > 30/min

Urine output:

- Outputless < 100ml over last 4 hrs
- Significant protein uria (+++/++++)

Haemorrhage

- Antepartum
- Postpartum

Fetal well being

- Fetal heart rate - NST
- Fetal movement

B

BACKGROUND (tick relevant sections)

The women is:

Parity - Primi - Grandmulti - Multi with gestation weeks and a singleton multiple pregnancy

The present fetal assessment is:

Fundal height wk/cm Presentation with fifths above brim: Fetal heart rate bpm

Antenatal risks

Risk identified on antenatal card / period:

Labour

Not in labour Induced labour Pre-eclampsia Antepartum haemorrhage
Spontaneous onset of labour IUGR Reduced fetal movements Diabetes

On syntocinon infusion (IU / ml fluid given at ml / hour)

Most recent vaginal examination done at h . Dilated cm with effacement % at saturation

Membranes: Intact ruptured at h with currently clear liquor
meconium stained liquor
blood stained liquor

Delivered at h with 3rd stage complete retained placenta

Post natal

Delivery date at h type of delivery with perineal trauma
without perineal trauma

Blood loss ml Syntocinon infusion IU / ml at ml hour

Fundal height: High Tender Atonic Abdominal wound oozing Perineal wound oozing

Treatment given / in progress

Rx.....

A

ASSESSMENT

I think the problem is.....

The problem may be related to: Cardiac Hemorrhage Embolism
Infection PET Plum oedema
Respiratory HELLP Fetal distress

I am not sure what the problem is, but the woman is deteriorating and we need to do something

R

RECOMMENDATION

Request

I think delivery need to be expedited: I think the patient need to be transferred:

I would like advice on management of the patient:

Response

Person completing form

Name: Date:
Designation: Time: Signature
Person reported to (Name)..... Designation..... Institution.....

NB! After completing and consultation, place this form in the patient file as proof of communication and response

IGMH contact numbers: Tel: 331 5502 Phone: 7874298