

How to Use an SBAR for Antimicrobial Stewardship Activities

What is an SBAR?

SBAR is the acronym for **S**ituation, **B**ackground, **A**ssessment, and **R**ecommendation. It is a communication technique originally developed by the US Navy and initially adopted into healthcare by Kaiser Permanente to facilitate prompt and accurate transfer of information.

Why use an SBAR?

SBAR outlines an easy-to-remember and structured format for communicating a standard set of information from one person/group to the next. Using this strategy, bedside nurses can communicate essential and relevant clinical information to clinicians as well as recommend protocol-driven actions. Using the provided information, a clinician can make management decision based on recommendations from the bedside nurse or provide an alternative management plan.

How to use an SBAR?

SBAR for antimicrobial stewardship activities are typically available as paper or electronic tools consisting of checkboxes or fill-in-the-blanks. Even though the format may be different, the procedure for using them remains similar.

Using a [paper SBAR tool for suspected urinary tract infection \(UTI\)](#) as an example, these steps should be followed:

1. Become familiar with the elements required on the SBAR tool. The sample tool included 3 main sections: resident identifier, the main SBAR information for communication, and the physician order
2. Evaluate residents and collect parameters indicated on the SBAR tool. For UTI,
 - a. Make certain the situation statement is appropriate for the scenario.

S	Situation I am concerned about a suspected UTI for the above resident.
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- b. Obtain background information including whether resident has a urinary catheter, history of recent UTI, other active diagnosis, advance directives, etc.

B	Background Indwelling catheter <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Urethral <input type="checkbox"/> Suprapubic Incontinence <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is this new or worsening <input type="checkbox"/> Yes <input type="checkbox"/> No UTI in last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date: _____ Organism: _____ Treatment: _____ Active diagnosis (especially bladder, kidney, genitourinary conditions; diabetes; receiving dialysis, anticoagulants): _____ Advance directives for limiting treatment (especially antibiotic use): _____ Medication allergies: _____
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- c. Evaluate residents for pertinent parameters. The assessment for suspected UTI starts with evaluation of vital signs. Further evaluation depends on presence or absence of urinary catheter. One should paid close attention that the number and type of criteria required for justifications of antibiotic therapy are different for each scenario.

A**Assessment**Vital signs: BP ____ / ____ HR ____ Resp. rate ____ Temp. ____ O₂ Sats. ____**Resident WITH indwelling catheter**

The criteria are met to initiate antibiotics if one of the following are selected:

No Yes

- Fever of 100°F (38°C), or 2°F (1.1°C) above baseline, or repeated temperatures of 99°F (37°C)
- New back or flank pain
- Rigors / shaking / chills
- New onset delirium (new dramatic change in mental status)
- Hypotension (significant change in baseline BP or SBP <90)
- Acute suprapubic pain
- Acute pain, swelling or tenderness of the scrotal area

Resident WITHOUT indwelling catheter

Criteria are met to initiate antibiotics if one of the three situations are met:

No Yes

- Any one of the following two:
 - Acute dysuria alone (pain or burning while urinating)
 - Acute pain, swelling or tenderness of the scrotal area

— OR —
- Single temp of 100°F (38°C), or 2°F (1.1°C) above baseline, or repeated temperatures of 99°F (37°C) **and** at least one of the following new or worsening symptoms:

<input type="checkbox"/> Urgency	<input type="checkbox"/> Suprapubic pain	<input type="checkbox"/> Frequency
<input type="checkbox"/> Gross hematuria	<input type="checkbox"/> Back or flank pain	<input type="checkbox"/> Urinary incontinence

— OR —
- No fever, but two or more of the following new or worsening symptoms:

<input type="checkbox"/> Urgency	<input type="checkbox"/> Suprapubic pain	<input type="checkbox"/> Frequency
<input type="checkbox"/> Gross hematuria	<input type="checkbox"/> Urinary incontinence	

3. Determine the appropriate clinician to contact once all relevant information has been collected. In addition to signs and symptoms, relevant information may include patient's medical/surgical histories, medication allergies, current medications, recent vitals, and lab results (such as serum creatinine).
4. Prior to calling the clinician, organize the thought process and have in mind a clear concise message that needed to be conveyed to the clinician, including Recommendation as outlined on the SBAR tool.

R**Recommendation**

- Protocol criteria met.** Resident may require UA and urine culture or an antibiotic.
- Protocol criteria are NOT met.** Resident **DOES NOT** need immediate antibiotic but may need additional observation.

5. During the call to the clinician, provide information in the Situation, Background, Assessment, and Recommendation sequence.
6. Once completed, request the clinician to provide a treatment and follow-up plan.
7. The assessment and management recommendations should be documented on paper or electronically and this record should be kept in a patient's chart.

Nurse's Signature: _____ Date/Time: _____
 Notification of Family/POA Name: _____ Date/Time: _____
 Faxed or Called to: _____ By: _____ Date/Time: _____

Physician Orders/Response (Please check all that apply)

- I have reviewed the above SBAR.
- Urine culture (if indicated)
- Encourage 4oz of cranberry juice or another liquid (_____) TID, until symptoms resolve
- Record fluid intake & output until symptoms resolve (output can also be measured from urinal or by weighing diapers, etc.)
- Assess vital signs, including temp; every _____ hours for _____ hours
- Monitor and notify PCP if symptoms worsen or unresolved in _____ hours
- Other: _____
- For antibiotic orders (if needed) please complete script below:
 Drug: _____ Dose: _____ Route: _____ Frequency: _____ Duration: _____ Indication: _____