**S** – **Situation**

*What is happening right now?*

* Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Unit/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Your Name/Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Brief Summary of the Situation:

**B – Background**

*What is the relevant clinical background/context?*

* Admission Date/Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Relevant Medical History:
* Current Medications:
* Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Recent Vital Signs or Test Results (as applicable):

**A – Assessment**

*What do you think the problem is?*

* Clinical Impression:
* Severity/Urgency (if applicable):  
  ☐ Critical ☐ Urgent ☐ Non-urgent

**R – Recommendation**

*What do you recommend or need?*

* Suggested Action(s):
* Is Immediate Action Required?  
  ☐ Yes ☐ No
* Do you need a response or follow-up?  
  ☐ Yes ☐ No
* Name of Person Informed/Receiving Information:
* Time of Communication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes:**



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