SBAR Template - Healthcare

21 Jun 2023 / Paige Williams   **Complete**

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Created on	21.06.2023 14:30 PST
Prepared by	Paige Williams
Location	Kansas, USA (39.011902, -98.4842465)

Situation

Patient Name	Jack Standhardinger
Age	45
Location	General Hospital

Briefly describe the current situation or problem.

Jack Standhardinger, a 45-year-old male, was admitted to the hospital with severe abdominal pain and vomiting. The pain started yesterday evening and has progressively worsened. He reports a fever and decreased appetite. The patient appears to be in significant discomfort and is unable to tolerate oral intake.

Background

Provide relevant background information about the patient.

Primary Problem

The primary problem is acute abdominal pain with vomiting.

Relevant Medical History

The patient has a medical history of hypertension and type 2 diabetes mellitus.

Current Medications

The patient is currently taking metoprolol for hypertension and metformin for diabetes.

Allergies

The patient has a documented allergy to penicillin.

Relevant Interventions or Procedures Done Recently

The patient underwent a cholecystectomy (gallbladder removal) six months ago due to symptomatic gallstones.

Please see attached file for relevant notes on this procedure.

Cholecystectomy for J. Standhardinger.pdf

Assessment

Present your assessment or evaluation of the patient's current condition.

Vital Signs

- Temperature: 38.5°C
- Heart Rate: 100 bpm
- Blood Pressure: 120/80 mmHg
- Respiratory Rate: 18 bpm
- Oxygen Saturation: 98% on room air

Symptoms

Severe abdominal pain, vomiting, fever, decreased appetite

Relevant Test Results

- Complete Blood Count (CBC): Elevated white blood cell count (14,000/mm^3)
- Abdominal ultrasound: Presence of an inflamed appendix with peri-appendiceal fluid collection

Other Pertinent Clinical Information

Physical examination reveals localized tenderness in the right lower quadrant of the abdomen and rebound tenderness.

Interpretation of Current Clinical Status

The patient's symptoms, physical examination findings, and laboratory results suggest a likely diagnosis of acute appendicitis with possible perforation.

Recommendation

Suggest specific actions or interventions to be taken.

Recommendations for Further Diagnostic Tests/Advance Plan of Care

- Surgical consultation for laparoscopic appendectomy
- Preoperative laboratory workup including coagulation profile and cross-match for blood
- Intravenous fluid resuscitation to maintain hydration

Medication Changes or Adjustments

- Initiate broad-spectrum antibiotics (e.g., ceftriaxone and metronidazole) to cover possible intra-abdominal infection
- Administer antiemetics (e.g., ondansetron) for symptom control
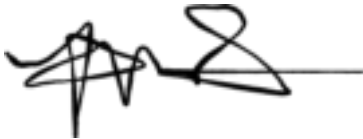
Interventions Needed

- NPO (nothing by mouth) status until further evaluation by surgery
- Insert a peripheral intravenous (IV) line for medication administration and fluid resuscitation
- Monitor vital signs and pain levels regularly
- Provide analgesia as needed to alleviate pain

Completion

Other Notes

- The patient's family has been informed about the situation and is aware of the need for surgical intervention.
- Nursing staff should closely monitor the patient for any signs of worsening pain, increased fever, or changes in vital signs.
- The surgical team should be notified promptly of any significant changes in the patient's condition.
- The patient has expressed concerns about potential complications and has requested additional information about the surgical procedure. A detailed discussion should be arranged with the surgeon to address these concerns.
- The patient's medical records have been reviewed, and no contraindications to surgery have been identified.
- The patient's insurance information has been obtained for billing purposes.
- It is important to ensure proper documentation of all assessments, interventions, and conversations related to the patient's care.

Name and Signature

Paige Williams
21.06.2023 15:15 PST

Media summary

Cholecystectomy for J. Standhardinger.pdf