



SBAR/CHAT – Maternal/Fetal Classification Communication Tool

A 30-60 Second Report

FILLING OUT THIS FORM IS OPTIONAL; YOU MAY WRITE ON THIS OR USE IT AS A GUIDE

Not a Chart form

Please discard in the confidential recycling box – patient CONFIDENTIALITY is important

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|--|--|---|--|---|
| S C | Situation – What is the situation you are calling about? | | | |
| | My name is _____ and I am calling from _____. I am calling about patient _____. | | | |
| We have assessed a new patient and her classification is a 1 2a 2b 3 3+ | | | | |
| <input type="checkbox"/> PPROM <input type="checkbox"/> TPTL <input type="checkbox"/> Pre-eclampsia <input type="checkbox"/> Other | | | | |
| B H | Background – Pertinent information could include the following: | | | |
| | Admitted for _____ GA _____ Time ruptured _____ Amniotic Fluid: <input type="checkbox"/> clear <input type="checkbox"/> nitrazine + <input type="checkbox"/> bloody Uterine Activity: <input type="checkbox"/> None <input type="checkbox"/> irritable | Admitted for _____ GA _____ Membranes: <input type="checkbox"/> Intact <input type="checkbox"/> Query <input type="checkbox"/> Ruptured Risk factors: Maternal _____ _____ Fetal _____ _____ | Admitted for _____ GA _____ <input type="checkbox"/> Primip <input type="checkbox"/> Multip Baseline BP _____ Current BP medications: _____ Last given @ _____ | Admitted for _____ GA _____ Diagnosis: _____ History: _____ _____ _____ |
| A A | Assessment – What is your physical assessment of the situation? | | | |
| | <u>PPROM</u> Cont in 10 minutes: _____ Contractions palpate: <input type="checkbox"/> Mild <input type="checkbox"/> Mod <input type="checkbox"/> Strong Classification of FHS tracing: <input type="checkbox"/> Normal <input type="checkbox"/> Atypical <input type="checkbox"/> Abnormal Other variances _____ | <u>TPTL</u> Cont in 10 minutes: _____ Contractions palpate: <input type="checkbox"/> Mild <input type="checkbox"/> Mod <input type="checkbox"/> Strong Classification of FHS tracing: <input type="checkbox"/> Normal <input type="checkbox"/> Atypical <input type="checkbox"/> Abnormal PV loss _____ VS variances <input type="checkbox"/> Temp. _____ <input type="checkbox"/> Pulse _____ <input type="checkbox"/> Resps _____ Other variances | <u>Hypertension</u> Current BP _____ Other VS variances <input type="checkbox"/> Pulse _____ <input type="checkbox"/> Resps _____ <input type="checkbox"/> Temp. _____ <input type="checkbox"/> RUQ pain <input type="checkbox"/> Headache <input type="checkbox"/> Visual disturbances Variances in lab values _____ Other variances _____ | Current BP _____ Other VS variances Pulse _____ Resps _____ Temp. _____ FHR _____ Contractions palpate: _____ Classification of FHS tracing: <input type="checkbox"/> Normal <input type="checkbox"/> Atypical <input type="checkbox"/> Abnormal Other variances/concerns _____ |
| R T | Recommendation – What do I recommend/request to be done? | | | |
| | I recommend that you come to assess the patient: <input type="checkbox"/> as soon as possible <input type="checkbox"/> in the next few hours I recommend that we get more information with the following assessment: <input type="checkbox"/> lab testing <input type="checkbox"/> vital signs <input type="checkbox"/> ultrasound <input type="checkbox"/> other _____ I recommend that you consider: <input type="checkbox"/> transfer to higher level of care <input type="checkbox"/> other / comments _____ Before you end the call, consider whether you need to ask each of these questions: 1. When are you able to come and see the patient? 2. How would you like me to continue to monitor the situation? 3. When do you want to be contacted again about the patient? | | | |