

# Sbar Case Study Examples



**SBAR CASE STUDY EXAMPLES** ARE CRITICAL TOOLS IN THE HEALTHCARE INDUSTRY, FACILITATING CLEAR AND CONCISE COMMUNICATION AMONG HEALTHCARE PROFESSIONALS. SBAR, WHICH STANDS FOR SITUATION, BACKGROUND, ASSESSMENT, AND RECOMMENDATION, PROVIDES A STRUCTURED METHOD FOR DELIVERING INFORMATION ABOUT A PATIENT'S CONDITION. THIS COMMUNICATION FRAMEWORK IS PARTICULARLY USEFUL IN HIGH-PRESSURE ENVIRONMENTS WHERE QUICK, EFFECTIVE DECISION-MAKING IS ESSENTIAL. IN THIS ARTICLE, WE WILL EXPLORE VARIOUS SBAR CASE STUDY EXAMPLES, HIGHLIGHTING THEIR PRACTICAL APPLICATIONS, BENEFITS, AND POTENTIAL CHALLENGES IN REAL-WORLD SCENARIOS.

## UNDERSTANDING THE SBAR FRAMEWORK

BEFORE DELVING INTO SPECIFIC CASE STUDIES, IT'S CRUCIAL TO UNDERSTAND EACH COMPONENT OF THE SBAR FRAMEWORK:

### 1. SITUATION

THE "SITUATION" SECTION DESCRIBES THE CURRENT ISSUE OR CONTEXT OF THE PATIENT'S CONDITION. IT SHOULD BE CLEAR AND CONCISE, STATING WHO IS INVOLVED, WHAT THE PROBLEM IS, AND WHY IT NEEDS IMMEDIATE ATTENTION.

### 2. BACKGROUND

THE "BACKGROUND" SECTION PROVIDES RELEVANT CLINICAL INFORMATION THAT CAN HELP THE LISTENER UNDERSTAND THE CONTEXT BETTER. THIS MAY INCLUDE THE PATIENT'S MEDICAL HISTORY, TREATMENT PLAN, AND ANY OTHER PERTINENT

INFORMATION.

### 3. ASSESSMENT

IN THE "ASSESSMENT" SECTION, THE HEALTHCARE PROVIDER OFFERS THEIR CLINICAL JUDGMENT REGARDING THE PATIENT'S CONDITION. THIS MAY INVOLVE VITAL SIGNS, LAB RESULTS, OR OTHER DIAGNOSTIC INFORMATION THAT INFORMS THE CURRENT SITUATION.

### 4. RECOMMENDATION

FINALLY, THE "RECOMMENDATION" SECTION SUGGESTS WHAT SHOULD HAPPEN NEXT. THIS CAN INCLUDE ORDERS FOR TESTS, CHANGES IN MEDICATION, OR FURTHER CONSULTATIONS.

## CASE STUDY EXAMPLES

TO ILLUSTRATE THE EFFECTIVENESS OF THE SBAR FRAMEWORK, LET'S EXAMINE SOME PRACTICAL CASE STUDY EXAMPLES FROM DIFFERENT HEALTHCARE SETTINGS.

### CASE STUDY 1: EMERGENCY ROOM ADMISSION

**SITUATION:** A 65-YEAR-OLD MALE PATIENT WAS ADMITTED TO THE EMERGENCY ROOM WITH CHEST PAIN RADIATING TO HIS LEFT ARM. HE IS A KNOWN DIABETIC WITH A HISTORY OF HYPERTENSION.

**BACKGROUND:** THE PATIENT HAS BEEN EXPERIENCING INTERMITTENT CHEST PAIN FOR THE PAST WEEK BUT DECIDED TO SEEK HELP AFTER THE PAIN BECAME MORE SEVERE. HIS MEDICATIONS INCLUDE METFORMIN FOR DIABETES AND LISINAPRIL FOR HYPERTENSION. HE HAS NO KNOWN ALLERGIES.

**ASSESSMENT:** UPON EXAMINATION, THE PATIENT'S VITAL SIGNS ARE AS FOLLOWS:

- BLOOD PRESSURE: 150/90 MMHG
- HEART RATE: 110 BPM
- OXYGEN SATURATION: 94% ON ROOM AIR

AN ELECTROCARDIOGRAM (ECG) SHOWS ST SEGMENT ELEVATION, SUGGESTING A POSSIBLE MYOCARDIAL INFARCTION.

**RECOMMENDATION:** THE PATIENT REQUIRES IMMEDIATE INTERVENTION. I RECOMMEND ADMINISTERING ASPIRIN AND NITROGLYCERIN, FOLLOWED BY A CARDIOLOGY CONSULT FOR POSSIBLE CATHETERIZATION.

### CASE STUDY 2: POST-OPERATIVE COMPLICATIONS

**SITUATION:** A 45-YEAR-OLD FEMALE PATIENT WHO UNDERWENT LAPAROSCOPIC CHOLECYSTECTOMY IS EXPERIENCING INCREASING ABDOMINAL PAIN AND VOMITING POST-OPERATIVELY.

**BACKGROUND:** THE PATIENT HAS A HISTORY OF GALLSTONES AND WAS STABLE DURING THE INITIAL RECOVERY PHASE. SHE WAS DISCHARGED WITH INSTRUCTIONS FOR PAIN MANAGEMENT AND DIETARY MODIFICATIONS.

**ASSESSMENT:** THE PATIENT'S ABDOMINAL PAIN HAS ESCALATED FROM 4 TO 8 ON A SCALE OF 10 WITHIN THE LAST HOUR. SHE IS CURRENTLY TACHYCARDIC AT 120 BPM, AND HER BLOOD PRESSURE IS SLIGHTLY LOW AT 90/60 MMHG. LABORATORY TESTS SHOW ELEVATED WHITE BLOOD CELL COUNT, INDICATING POSSIBLE INFECTION.

**RECOMMENDATION:** I RECOMMEND ADMINISTERING IV FLUIDS TO STABILIZE HER BLOOD PRESSURE, INITIATING BROAD-SPECTRUM ANTIBIOTICS, AND CONSULTING THE SURGICAL TEAM FOR EVALUATION OF POSSIBLE POST-OPERATIVE COMPLICATIONS SUCH AS

INFECTION OR BILE LEAK.

## CASE STUDY 3: PEDIATRIC ASTHMA ATTACK

**SITUATION:** A 10-YEAR-OLD MALE PATIENT WITH A HISTORY OF ASTHMA PRESENTS TO THE CLINIC WITH WHEEZING AND SHORTNESS OF BREATH AFTER PLAYING OUTSIDE.

**BACKGROUND:** THE PATIENT IS KNOWN TO HAVE MODERATE PERSISTENT ASTHMA AND USES A RESCUE INHALER AS NEEDED. HIS LAST ASTHMA ATTACK WAS THREE MONTHS AGO, AND HE WAS ADVISED TO AVOID KNOWN ALLERGENS.

**ASSESSMENT:** ON EXAMINATION, THE PATIENT HAS A RESPIRATORY RATE OF 30 BREATHS PER MINUTE AND AN OXYGEN SATURATION OF 88% ON ROOM AIR. AUSCULTATION REVEALS BILATERAL WHEEZING. HIS PEAK FLOW MEASUREMENT IS 60% OF HIS PERSONAL BEST.

**RECOMMENDATION:** I RECOMMEND ADMINISTERING A NEBULIZED ALBUTEROL TREATMENT IMMEDIATELY, FOLLOWED BY A REPEAT ASSESSMENT OF HIS RESPIRATORY STATUS. ADDITIONALLY, AN ORAL CORTICOSTEROID SHOULD BE CONSIDERED IF HE DOES NOT RESPOND TO THE TREATMENT.

## BENEFITS OF USING SBAR

IMPLEMENTING THE SBAR COMMUNICATION MODEL IN HEALTHCARE SETTINGS OFFERS SEVERAL ADVANTAGES:

- **CLARITY:** SBAR PROMOTES CLEAR AND STRUCTURED COMMUNICATION, REDUCING THE RISK OF MISUNDERSTANDINGS.
- **EFFICIENCY:** BY ORGANIZING INFORMATION SYSTEMATICALLY, HEALTHCARE PROFESSIONALS CAN CONVEY CRITICAL DETAILS QUICKLY, WHICH IS VITAL IN EMERGENCY SITUATIONS.
- **IMPROVED PATIENT SAFETY:** EFFECTIVE COMMUNICATION REDUCES THE CHANCES OF ERRORS, ENHANCING OVERALL PATIENT SAFETY.
- **STANDARDIZATION:** SBAR PROVIDES A STANDARDIZED APPROACH TO COMMUNICATION THAT CAN BE UTILIZED ACROSS VARIOUS HEALTHCARE DISCIPLINES.

## CHALLENGES AND LIMITATIONS

WHILE SBAR IS AN EFFECTIVE COMMUNICATION TOOL, THERE ARE CHALLENGES AND LIMITATIONS TO BE AWARE OF:

- **TRAINING NEEDS:** HEALTHCARE PROFESSIONALS MAY REQUIRE TRAINING TO EFFECTIVELY IMPLEMENT THE SBAR FORMAT, WHICH CAN TAKE TIME AND RESOURCES.
- **OVER-SIMPLIFICATION:** IN COMPLEX CASES, SBAR MAY OVERSIMPLIFY THE SITUATION, LEADING TO IMPORTANT DETAILS BEING OVERLOOKED.
- **CULTURAL RESISTANCE:** SOME HEALTHCARE ORGANIZATIONS MAY HAVE ESTABLISHED COMMUNICATION PROTOCOLS, MAKING IT DIFFICULT TO INTRODUCE NEW METHODS LIKE SBAR.

## CONCLUSION

SBAR CASE STUDY EXAMPLES ILLUSTRATE THE FRAMEWORK'S UTILITY IN PROMOTING EFFECTIVE COMMUNICATION AMONG HEALTHCARE PROFESSIONALS. BY PROVIDING A STRUCTURED MEANS TO CONVEY ESSENTIAL PATIENT INFORMATION, SBAR ENHANCES CLARITY, EFFICIENCY, AND PATIENT SAFETY. HOWEVER, IT IS ESSENTIAL TO RECOGNIZE THE POTENTIAL CHALLENGES IN IMPLEMENTING THIS MODEL AND TO ENSURE THAT ALL TEAM MEMBERS ARE TRAINED AND COMFORTABLE USING IT. AS THE HEALTHCARE LANDSCAPE CONTINUES TO EVOLVE, ADOPTING EFFECTIVE COMMUNICATION STRATEGIES LIKE SBAR WILL REMAIN CRUCIAL IN DELIVERING HIGH-QUALITY PATIENT CARE.

# FREQUENTLY ASKED QUESTIONS

## WHAT IS AN SBAR CASE STUDY?

AN SBAR CASE STUDY IS A STRUCTURED COMMUNICATION TOOL USED IN HEALTHCARE TO FACILITATE EFFECTIVE COMMUNICATION ABOUT A PATIENT'S CONDITION, FOCUSING ON SITUATION, BACKGROUND, ASSESSMENT, AND RECOMMENDATION.

## HOW CAN SBAR IMPROVE PATIENT SAFETY IN HEALTHCARE SETTINGS?

SBAR IMPROVES PATIENT SAFETY BY PROVIDING A CLEAR AND CONCISE FRAMEWORK FOR COMMUNICATION, REDUCING MISUNDERSTANDINGS AND ENSURING THAT CRITICAL INFORMATION IS EFFECTIVELY CONVEYED AMONG HEALTHCARE PROFESSIONALS.

## CAN YOU GIVE AN EXAMPLE OF AN SBAR CASE STUDY IN NURSING?

AN EXAMPLE OF AN SBAR CASE STUDY IN NURSING COULD INVOLVE A NURSE REPORTING A SUDDEN CHANGE IN A PATIENT'S VITAL SIGNS TO A PHYSICIAN, USING SBAR TO OUTLINE THE SITUATION, RELEVANT PATIENT HISTORY, THEIR ASSESSMENT, AND RECOMMENDED ACTIONS.

## WHAT ARE THE KEY COMPONENTS OF AN SBAR CASE STUDY?

THE KEY COMPONENTS OF AN SBAR CASE STUDY INCLUDE: SITUATION (WHAT IS HAPPENING), BACKGROUND (RELEVANT PATIENT HISTORY), ASSESSMENT (WHAT THE NURSE OR CLINICIAN THINKS IS GOING ON), AND RECOMMENDATION (WHAT IS NEEDED NEXT).

## HOW CAN SBAR BE IMPLEMENTED IN INTERDISCIPLINARY TEAMS?

SBAR CAN BE IMPLEMENTED IN INTERDISCIPLINARY TEAMS BY TRAINING ALL MEMBERS ON THE FRAMEWORK, ENCOURAGING ITS USE DURING HANDOFFS, AND INCORPORATING IT INTO PROTOCOLS FOR DISCUSSING PATIENT CARE DURING MEETINGS.

## WHAT CHALLENGES MIGHT ARISE WHEN USING SBAR IN CASE STUDIES?

CHALLENGES IN USING SBAR MAY INCLUDE RESISTANCE TO CHANGE FROM TRADITIONAL COMMUNICATION METHODS, LACK OF TRAINING, AND VARYING LEVELS OF FAMILIARITY WITH THE SBAR FRAMEWORK AMONG TEAM MEMBERS.

## WHY IS IT IMPORTANT TO DOCUMENT SBAR CASE STUDIES?

DOCUMENTING SBAR CASE STUDIES IS IMPORTANT FOR MAINTAINING CLEAR RECORDS OF PATIENT CARE, PROVIDING A REFERENCE FOR FUTURE INTERACTIONS, AND ENSURING ACCOUNTABILITY AMONG HEALTHCARE PROVIDERS.

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Case study 2 - Bert Smith old gentleman who lives in a supported living complex. He lives alone and maintains his independence with t Bert is usually very chatty when the support worker visits, however during the last two visits she has noticed he is a little confused when she talks to him.

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Mr. Smith presented to the ED this morning via EMS with cough, purulent sputum, fever and dyspnea. He was hypoxic with a HR of 110 on arrival. Temperature of 102 and WBC 24K in the ED. Working diagnosis in the ED is suggestive of right lower lobe pneumonia and sepsis.

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Explains in detail how to implement the SBAR technique

### *MC-CCSI SBAR Example*

Bobby Johnson is a 38-year old male. Patient Identification-New patient requesting opioids. Screened using the NIDA-Modified ASSIST. Diagnosed with severe substance use disorder by Dr. Jones on 8/3/21. Team review and enrollment: 8/4/21. Office Induction (buprenorphine): 8/6/21; day one dose = 20 mg.

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