

# What to include in your SBAR

<b>Situation</b>	What behaviour is going on? What do you see? Risk Level? E.g. The Behaviour card
<b>Background</b>	What do I know about the resident? E.g. Trigger card
<b>Action/ Assessment</b>	<u><b>Non-Pharmacological or Relational</b></u> : distract, engage in activity, assist, redirect, verbal instruction, re-approach, reassure, comfort client, presence, etc <u><b>Clinical</b></u> : further observation, monitor, specific assessment, medication, treatment, blood work, consults, diagnostics, prepare for transfer, etc.
<b>Recommendation/ Request</b>	What do you recommend or need from the Interprofessional team? - specific action, DOS, ABC charting, further assessment and monitoring, delirium workup prepare for transfer, team or family referrals

A **Behaviour Card** is dropped by the Behaviour Support Lead

Rest of the players (or mini-teams) drop 1 or 2 **Trigger Cards**.

Behaviour Support Lead selects the best **Trigger Card(s)**

The player (or mini-team) who drops the best **Trigger Card(s)** – **KEEPS** the **Trigger CARD(s)** (10 points). Use your **DIY** card at this time.

If **SBAR** is successful, the player (or mini-team) **KEEPS Behaviour Card** (10 points) **UNLESS** a **STEAL** is used successfully, then another player (or mini-team) may steal the Behaviour Card & points.

Up to 2 players (or mini-teams) can **KUDOS** to enhance the **ACTION** or **RECOMMENDATION** of the **SBAR** (10 points). Think non-pharmacological & consider **INTERPROFESSIONAL**.