

## ■ NABH-Compliant SBAR Handover Form

Patient Name / UHID:		Age / Sex:	
Ward / Bed No.:		Consultant / Unit:	
Date & Time of Handover:			

### S – Situation

Reason for admission / surgery / transfer:	
Current clinical problem:	
Code status:	■ Full code ■ DNR ■ Other: _____
Vitals at handover:	

### B – Background

Past medical/surgical history:	
Allergies:	
Current medications:	
Procedures / lines / drains / catheters:	
Infection control status:	■ Isolation ■ Standard ■ Other: _____

### A – Assessment

Current condition:	■ Stable ■ Unstable ■ Critical
Key assessment findings:	
Pain score:	____ /10
Risk flags:	■ Fall risk ■ Pressure sore ■ Restraint ■ High-alert drugs

### R – Recommendation

Pending labs / investigations:	
Medications / interventions due:	
Monitoring instructions:	
Safety checks:	■ IV fluids ■ Oxygen ■ Catheters ■ Dressings
Escalation plan:	

### Handover Confirmation

Given by (Name/Sign/Designation):	
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Received by (Name/Sign/Designation):	
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