



Maternal and Perinatal Morbidity and Mortality
Review Committee

Ministry of Health and Family

SBAR Clinical report on Maternity situation

S	<p>SITUATION</p> <p>I am calling about (name of women).....Ward.....Hosp. No</p> <p>The problem I am calling about is</p> <p>I just made an assessment of the patient:</p> <p>Vital signs: BP..... / Pulse.....rep. rate.....oxygen saturation.....% oxygen at...../min temperature.....C</p> <p>I am concerned about</p> <p>Blood Pressure because:</p> <p>Systolic pressure greater than 160mmHg Diastolic pressure more than 100mmHg Systolic pressure less than 90mmHg</p> <p>Pulse because:</p> <p>Pulse rare more than 120 Pulse rate less than 40 Pulse rate greater than systolic BP</p> <p>Respiration rate because:</p> <p>Rate less than 10/min Rate more than 30/min</p> <p>Urine output:</p> <p>- output less than 100ml over last 4 hrs - Significant protein uria (+++/++++)</p> <p>Haemorrhage</p> <p>- Antepartum - Postpartum</p> <p>Fetal well being</p> <p>- Fetal heart rate - Fetal movement - NST</p>
B	<p>BACKGROUND (tick relevant sections)</p> <p>The women is:</p> <p>Parity (primiparous / multiparous / granmultiparous) with gestation.....weeks & a (singleton/ multiple pregnancy)</p> <p>The present fetal assessment is:</p> <p>Fundal height.....wk/cm Presentation.....with.....fiths above brim: Fetal heart rate.....bron</p> <p>Antenatal risks</p> <p>Risk identified on antenatal card / period.....</p> <p>Labour</p> <p>Not in labour / spontaneous onset of labour/induced labour IUGR/ Pre-eclampsia/reduced fetal movements / Diabetes / Antepartum haemorrhage On syntocinon infusion(.....IU/.....ml fluid given at.....ml / hour) Most recent vaginal examination done at.....h. Dialated.....cm with effacement.....% at saturation Membranes: Intact / ruptured at.....h with currently clear /meconium stained liquor /blood stained liquor Delivered.....at.....h with 3rd stage complete / retained placenta</p> <p>Post natal</p> <p>Delivery date.....at.....h.....type of delivery.....with/without perineal trauma Blood loss.....ml Syntocinon infusion.....IU/.....ml at.....ml/hour Fundal height: High/ Atonic/ Tender/ Abdominal- perineal wound oozing</p> <p>Treatment given / in progress</p> <p>Rx.....</p>
A	<p>ASSESSMENT</p> <p>I think the problem is.....</p> <p>The problem may be related to: Cardiac/ infection/ respiratory/hemorrhage/PET/HELP/Embolism/Plum oedema/Fetal distress</p> <p>I am not sure what the problem is, but the woman is deteriorating and we need to do something</p>
R	<p>RECOMMENDATION</p> <p>Request</p> <p>I think delivery need to be expedited I think the patient need to be transferred I would like advice on management of the patient</p> <p>Response</p> <p>.....</p>

Person completing form(Name).....Designation.....Date.....Time.....Signature

Person reported to (Name)..... Designation.....Institution.....

NB! After completing and consultation, place this form in the patient file as proof of communication and response

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