Figure 2. ISBAR method handoffs supervision tool

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| **Clause** |  | **Information specification** |
| **Introduction** | Mutual introduction of the information’s provider / receiver | Name of the deliverer: \_\_\_\_\_\_\_\_\_\_  Name of the receiver: \_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_  Department:\_\_\_\_\_\_\_\_\_\_\_ |
| Introducing the patient | Name: \_\_\_\_\_\_\_\_\_  Gender: \_\_\_\_\_\_\_\_  Age:\_\_\_\_\_\_\_\_\_\_\_ |
| **Situation** | Reason for communication  Main concern (if any)  Reason for hospitalization and primary diagnosis  Duration of hospitalization | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Background** | Past medical/surgical history  Incidents in recent days | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Evaluation** | Hemodynamics  Level of consciousness  Respiratory symptoms  Mobility | Stable/unstable  Full/partial/missing  Stable/unstable  Independent/in need of assistance |
| **Recommendation** | Continuation of treatment  Medications  Equipment  Isolation  Special care  Other | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Receiving a response, Yes/No  Completing missing details found in the 24 hours following the transfer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of detail provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date and time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Abbreviation: *ISBAR*, Introduction, Situation, Background, Assessment, Recommendations instrument.