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 communicationMain concern (if any)Reason for hospitalization and primary diagnosisDuration of hospitalization | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Background** | Past medical/surgical historyIncidents in recent days | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Evaluation** | HemodynamicsLevel of consciousnessRespiratory symptomsMobility | Stable/unstableFull/partial/missingStable/unstableIndependent/in need of assistance |
| **Recommendation** | Continuation of treatment MedicationsEquipmentIsolationSpecial careOther | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Receiving a response, Yes/NoCompleting 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.