

Perinatal SBAR

A 30-60 Second Report

Before Calling the Physician

1. Assess the patient.
2. Read most recent notes.
3. Have the chart in-hand.

SBAR Report	Obstetric Patients	Newborn/Pediatric Patients *	Anesthesia Patients
S ituation	<ul style="list-style-type: none"> • Identify yourself and where you are calling from • Patient's name and reason for report • Patient was admitted for: _____ • I am concerned about: <ul style="list-style-type: none"> ○ FHR ○ Contraction Pattern ○ Blood Pressure (give examples) ○ Vaginal Bleeding, etc. 	<ul style="list-style-type: none"> • Identify yourself and where you are calling from • Baby Boy or Girl _____ and reason for report: <ul style="list-style-type: none"> ○ Oxyhood use, icterus, etc. • I am concerned about: <ul style="list-style-type: none"> ○ Respirations, SAO2 ○ Temperature ○ Blood Sugar 	<p>GOAL: Anesthesiologist and Obstetrician conversation</p> <hr/> <ul style="list-style-type: none"> • Identify yourself and where you are calling from • "I'm calling for Dr. _____ for a <ul style="list-style-type: none"> <input type="checkbox"/> scheduled <input type="checkbox"/> stat <input type="checkbox"/> epidural
B ackground	<ul style="list-style-type: none"> • Gravida _____ Para _____ @ _____ weeks gestation • OB attending _____ • Significant medical and obstetrical history includes: _____ • Problems with current pregnancy are _____ • Relate the complaints by the patient and pain level 	<ul style="list-style-type: none"> • Baby born via <input type="checkbox"/> C/S (give reason for _____) <input type="checkbox"/> NSVD <input type="checkbox"/> Forceps <input type="checkbox"/> Vacuum Extractor • Apgar Score, any resuscitative measures • GBS Status and treatment prior to birth • Significant maternal history • Relate the physical assessment pertinent to the problem, especially any changes 	<ul style="list-style-type: none"> • Gravida _____ Para _____ @ _____ weeks gestation • Reason for C/S: _____ • Significant medical and obstetrical history includes _____ • NPO status • Does patient currently have a labor epidural?
A ssessment	<ul style="list-style-type: none"> • Maternal Vital Signs • FH=Variability, Baseline, Accelerations, Decelerations, Contraction Pattern • <i>NICHD Language: see back of form</i> • Significant Lab Value • Intrauterine Resuscitative Measures • Give your conclusions about the present situation. Words like "might be" or "could be" are helpful. 	<ul style="list-style-type: none"> • Vital Signs are: <ul style="list-style-type: none"> ○ Respiratory status, presences of grunting, flaring, retractions? ○ TPR, SaO2 ○ Blood glucose levels, feedings ○ Significant Lab Values • Give your conclusions about the present situation. Words like "might be" or "could be" are helpful. • Clinical Impressions, Concerns 	<ul style="list-style-type: none"> • Vital Signs are: <ul style="list-style-type: none"> ○ Maternal issues ○ Fetal issues • Contraction Pattern, VE, Current labor status • Significant Lab Values • Current status in preparation for OR
R ecommendation	<ul style="list-style-type: none"> • What I need from you is _____ • Be specific about a time frame • Suggestions for tests/treatments: <ul style="list-style-type: none"> ○ Liver Function Studies, CMP, UA, Pitocin, Methergine, Magnesium Level, Coagulation Profile, Antibiotics, Brethine, etc. • Clarify orders, vital sign frequency, under what circumstances to call back 	<ul style="list-style-type: none"> • What I need from you is _____ • Be specific about a time frame • Suggestions for tests/treatments: <ul style="list-style-type: none"> ○ IV, antibiotics, Chest Xray, CBC, CBGs, ABGs, NPO if significant resuscitative efforts, etc. • Clarify orders, vital sign frequency, under what circumstances to call back. 	<ul style="list-style-type: none"> • What time can we be ready for you?

Definitions of Fetal Heart Rate Patterns

Baseline • The mean FHR rounded to increments of 5 beats per min during a 10 min segment, excluding:

- Periodic or episodic changes
- Periods of marked FHR variability
- Segments of baseline that differ by more than 25 beats per min
- The baseline must be for a minimum of 2 min in any 10-min segment

Baseline variability • Fluctuations in the FHR of two cycles per min or greater

- Variability is visually quantitated as the amplitude of peak-to-trough in beats per min
- Absent—amplitude range undetectable
- Minimal—amplitude range detectable but 5 beats per min or fewer
- Moderate (normal)—amplitude range 6–25 beats per min
- Marked—amplitude range greater than 25 beats per min

Acceleration • A visually apparent increase (onset to peak in less than 30 sec) in the FHR from the most recently calculated baseline

- The duration of an acceleration is defined as the time from the initial change in FHR from the baseline to the return of the FHR to the baseline
- At 32 weeks of gestation and beyond, an acceleration has an acme of 15 beats per min or more above baseline, with a duration of 15 sec or more but less than 2 min
- Before 32 weeks of gestation, an acceleration has an acme of 10 beats per min or more above baseline, with a duration of 10 sec or more but less than 2 min
- **Prolonged acceleration** lasts 2 min or more but less than 10 min
- If an acceleration lasts 10 min or longer, it is a baseline change

Bradycardia • Baseline FHR less than 110 beats per min

Early deceleration • In association with a uterine contraction, a visually apparent, gradual (onset to nadir 30 sec or more) decrease in FHR with return to baseline

- Nadir of the deceleration occurs at the same time as the peak of the contraction

Late deceleration • In association with a uterine contraction, a visually apparent, gradual (onset to nadir 30 sec or more) decrease in FHR with return to baseline

- Onset, nadir, and recovery of the deceleration occur after the beginning, peak, and end of the contraction, respectively

Tachycardia • Baseline FHR greater than 160 beats per min

Variable deceleration • An abrupt (onset to nadir less than 30 sec), visually apparent decrease in the FHR below the baseline

- The decrease in FHR is 15 beats per min or more, with a duration of 15 sec or more but less than 2 min

Prolonged deceleration • Visually apparent decrease in the FHR below the baseline

- Deceleration is 15 beats per min or more, lasting 2 min or more but less than 10 min from onset to return to baseline

Abbreviation: FHR, fetal heart rate.

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Three-Tier Fetal Heart Rate Interpretation System

Category I-Normal

Predicts normal acid base status

Must have all of the following:

- Baseline 110-160 bpm
- Moderate variability
- No lates or variables

Category III – Abnormal

Predictative of abnormal acid base

Either of the following:

- Absent FHR variability with any of the following:
- Recurrent Lates
- Recurrent Variables
- Bradycardia
- Sinusoidal Pattern

Category II-Indeterminate

Not predicative of abnormal fetal acid base

Evaluation & continued surveillance warranted

Any of the Following:

- Baseline
 - Bradycardia without absent variability
 - Tachycardia
- FHR Variability
 - Minimal
 - Absent without recurrent decels
 - Marked
- Accelerations
 - Absence of induced accels after fetal stimulation
- Decelerations
 - Recurrent variables with minimal or moderate variability
 - Prolonged decels ≥ 2 minutes but < 10 minutes
 - Recurrent lates with moderate variability
 - Variable decels with other characteristics (ex. -shoulders)