Nursing faculty teaching resource

OUTGOING NURSE CASE BRIEF

A shift handoff

It is 7:00 p.m. on 5 West. You are Casey Nolan, RN, giving report to Dana Whitfield, RN, at the nurses' station. An item of care is still due after your shift ends.

> **Your task**
>
> Use the chart excerpt to give an SBAR handoff. Identify what is still due and agree who will do it and when. You may refer to these notes.

Patient	Diane Foster, 68 years; fictional MRN 730516
Location	5 West, room 521
Admission	Postoperative day 1 after laparoscopic cholecystectomy for acute cholecystitis. Observation continues after nausea and limited oral intake; discharge awaits intake and mobility review.
History / status	Hypertension; no known medication allergies; full code
Latest assessment	At 6:15 p.m.: alert, oriented, no nausea or dizziness; incisions clean and dry. Pre-dose pain 4/10 at the incision with movement; patient goal 3/10 or less.
Recent medication	Acetaminophen 650 mg orally at 6:15 p.m., administered under the existing order.
Mobility / intake	Tolerating oral fluids. Fall precautions and one-person assistance for walking under the current care plan.

Observation	Recorded at 6:15 p.m.
Blood pressure	128/76 mmHg
Heart rate	82/min
Respiratory rate	16/min
Oxygen saturation	97% on room air
Temperature	98.6 °F (37.0 °C)

Reassess pain at 7:15 p.m., one hour after the oral dose. Assist with toileting when requested; check pain and dizziness before standing and provide one-person assistance. If pain remains above the goal, reassess and contact the covering surgical clinician for review of the pain plan. Promptly report new or increasing abdominal pain, fever, vomiting or changed vital signs; use the emergency pathway for deterioration.

The patient requests help to the bathroom when needed. A daughter asked about visiting tomorrow. This excerpt is not the complete medication record.

Fictional scenario for formative communication practice. Not clinical guidance or a validated assessment. Confirm the facts and care plan against your local policy before teaching.

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SBAR PREPARATION & REFLECTION

Prepare your handoff

Outgoing nurse: Casey Nolan, RN | Receiving nurse: Dana Whitfield, RN | Patient: Diane Foster

S - Situation

What does the receiving nurse need to know first?

B - Background

Which details matter to care during the next shift?

A - Assessment

What is the current status? What has and has not been reassessed?

R - Recommendation / plan

What needs to happen next? Who will do it, and by when?

After your attempt

Record the agreed task, responsible nurse, and time. What would you change in your next attempt?

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