SCRIPT TEMPLATE

SBAR Script for Phone Call Received re: Transfer from Home Birth

Name/Credentials of Hospital Staff receiving call: _____

Name & credential/relationship of caller: _____

Date: _____ Time of Call: _____ Call Back Number: _____

Mother's Name: _____ DOB: _____

□ G, P: _____ EDD: _____ Number of weeks pregnant _____

Situation:

Transfer for ○ mother ○ baby ◉ mother and baby

From a planned: ○ home birth ◉ birth center

Reason for Transfer: _____

_____

Client's Location: _____

Who will accompany the client? _____

Mode of Transportation**:** _____ ETA: _____

Medical Records at this hospital? ◉ Unknown ○ Yes ○ No

Background: Relevant prenatal, labor and birth or newborn information, interventions that have been initiated:

_____

_____

_____

Assessment:

Mother current condition: ○ Stable
◉ Unstable (specify) _____

Baby current condition: ○ Stable
◉ Unstable (specify) _____

Recommendation:

Care plan and personnel likely needed on arrival: _____

_____

Checklist:

□ Received call from transferring provider, documented times and completed form

□ Inform consulting physician(s) or receiving CNM (SBAR) of situation/urgency and ETA

□ Inform admitting of situation and ETA

□ Arrange for equipment, room and staff required

□ Meet and welcome woman and home care team in assessment room

□ Antenatal and intrapartum records received from transferring provider: □Copy placed in chart

□ Other:

_____