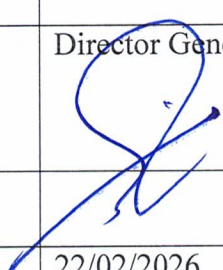


المديرية العامة لمستشفى خولة
Directorate General of Khoula Hospital

Directorate of Nursing Affairs

Document Title	Guideline for Nursing Handover: Situation, Background, Action and Recommendation (SBAR)
Document Type	Guideline
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Content

Acronyms	4
1. Definition.....	4
Chapter one	5
2. Introduction:	5
3. Purpose:	5
4. Scope:	5
Chapter2	5
5. Structure.....	5-6
6. Procedure	7
Chapter3	8
7. Responsibilities.....	8
Chapter4	9
8. Document history and version control table.....	9
9. References.....	9
10. Annexes.....	10-15

Acronyms:

DGKH	Directorate General of Khoula Hospital
SBAR	Situation, Background, Action & Recommendation
IV	Intra- Venous
HIV	Human Immunodeficiency Virus

1.Definitions

1.1 Handover: It is a transfer of responsibility and accountability for some or all aspects of care for a patient, or a group of patients to another person or a team on a temporary or permanent basis.

1.2 SBAR: It is a structured communication framework for health professionals to provide clear, concise, and complete information during patient handovers or when escalating a patient issue. (Agency for Healthcare Research & Quality 2019).

Guideline for Nursing Handover: Situation, Background, Action and Recommendation (SBAR)

Chapter One

2.Introduction

Communicating essential information regarding patient care effectively during handover is critical for keeping the patients safe and minimizing the risk of harm and error. Continuity and effective transfer of information is a key part of patient safety. In addition, all staff looking after an individual patient need to share relevant and accurate information about the patient.

3.Purpose

The purposes of this guideline are to:

- 3.1** Standardize an effective communication framework among health care professional
- 3.2** Achieve an efficient transfer of clinical information about patient care, treatment and their current conditions with any recent or anticipated changes during hand over between shifts or between staff in same or different clinical areas.

4.Scope

This guideline applies to all nurses who are working at Directorate General of Khoula Hospital using Situation, Background, Action and Recommendation (SBAR) nursing hand over communication method applied similarly in all shifts.

Chapter Two

5.Structure

This guideline of DGKH designed to ensure that nursing handover is conducted for all patients using the Situation, Background, Action, and Recommendation (SBAR) framework to promote effective communication and continuity of patient care; further to that:

5.1 Time of Handover

- a.** The time of handover should be clearly identified within each area and sufficient time should be allowed for handover.

- b. Unnecessary interruptions should be avoided during hand over except for urgent matters.

5.2 Place of Handover

- a. The nursing general handover should be conducted daily in a consistent place.
- b. It should be free from distraction but within a reasonable distance of the clinical area.
- c. The location must allow for patient's confidentiality.

5.3 Confidentiality

- a. Printed handover sheets should be maintained confidentially during the shift and disposed in a confidential waste at the end use.
- b. During bedside handover; patient sensitive information can be shared away from the bedside. Sensitive information may include:
 - i. Blood test of diagnostic nature (e.g. HIV positive).
 - ii. Communicable disease information (e.g. Hepatitis).
 - iii. Psychiatric issues (e.g. Suicidal).
 - iv. Some family issues (e.g. Conflicts, domestic violence).
 - v. Anything else patients identify they wish to be held in confidence.

5.4 Patient's involvement

- a. Nurses should provide an opportunities to the patient to seek clarifications, ask questions and confirm information.
- b. The following group of patients should not involve them to participate in handover:
 - i. Asleep
 - ii. Confused
 - iii. Comatose
 - iv. In isolation
 - v. Other conditions that prevents participation.

6.Procedure

6.1 Before procedure the following steps should be completed by the assigned nurse:

- a.Document/update data accurately in the SBAR sheet in AL Shifa System for assigned patients. Refer to Appendix 1 and 2
- b. Print out the Nursing SBAR sheet for incoming shift nurses.

6.2 During procedure the general handover must be carried out:

- a.For all incoming nurses, by shift in charge in respective unit in designated area mentioning only bed number, patient name, action and recommendation, where applicable.
- b. General Handover is not applicable in critical care units like NICU & ICU & Burns Unit.

6.3 Bedside Handover:

- a.Greet the patient and introduce incoming staff to the patient by outgoing nurse.
- b. Assess patient stability and take immediate action if patient is unstable by both incoming and outgoing nurses.
- c.Handover all the information related to patient care by outgoing nurse using SBAR sheet consequently including situation, background, action /assessment, recommendation (See appendix 2).
- d. Conduct a safety scan by both incoming and outgoing nurses includes checking:
 - i. Call bell within reach.
 - ii. Equipment functioning (e.g. suction, Oxygen).
 - iii. Access and mobility aids.
 - iv. Tubes and lines (e.g. IV lines, catheters, drains, pumps).
 - v. Dressing area.
 - vi. The general tidiness of the area and safe mobility.
 - vii. Bed charts (if available).
 - viii. Any other checks that may be specific for that patient (e.g. use of bed rails, height of the bed).

Chapter Three

7.Responsibilities

7.1 The Director of Nursing Affairs shall:

7.1.1 Emphasize to the heads of Sections /unit supervisors the importance of following the guideline of SBAR nursing handover.

7.2 Heads of Sections / Unit Supervisors/ Shift Duty Supervisors shall:

7.2.1. Reinforce all ward in-charges to ensure that all nurses are following the guideline of SBAR nursing handover and updating their knowledge in relation to the guideline.

7.3 Ward In-charges/Shift Duty In-charges shall:

7.3.1 Ensure the guideline is available and accessible to all nurses and encourage them to follow it.

7.3.2 Supervise all nurses regarding nursing handover using SBAR.

7.3.3 Ensure that the nursing SBAR sheet is complete for the entire admitted patients in the ward.

7.3.4 Ensure that enough photocopy papers are available and printers are in working condition.

7.4 The Assigned Bedside Nurse shall:

7.4.1 Comply with SBAR nursing handover guideline, resolve discrepancies and concerns timely.

7.4.2 Complete nursing SBAR sheet for their assigned patients on time and update in every shift.

7.4.3 Provide information needed for timely, accurate, complete and effective handover.

Chapter Four

8.Document History and Version Control

Version	Description	Author	Review Date
1	Initial release	Ms. Aathar Al Jabri	2020
2	Version 2	Ms. Aathar Al Jabri	2024
3	Version 3	Ms. Aathar Al Jabri	2029

9. References

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Available at: <https://www.ahrq.gov/teamstepps-program/curriculum/communication/tools/sbar.html> (Accessed: 19 October 2025).
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- Jameson, J. and Ball, J. (2018) *Policy for Clinical Handover*. University Hospitals Coventry and Warwickshire NHS Trust, pp. 1–13.
- North Tees & Hartlepool NHS Foundation Trust (2017) *Clinical Handover Policy*. Authors: Dr D Basu and L. Robertson, pp. 1–10.
- The Newcastle upon Tyne Hospitals NHS Foundation Trust (2016) *Clinical Handover Policy*. The Newcastle upon Tyne Hospitals NHS Foundation Trust, pp.1–13

10. Annexes

10.1 Appendix (1): Instructions on how to use the nursing SBAR sheet in Al Shifa 3 Plus

System Procedure:

1. Log in to the Al Shifa 3Plus using your own username and password. (See figure below).

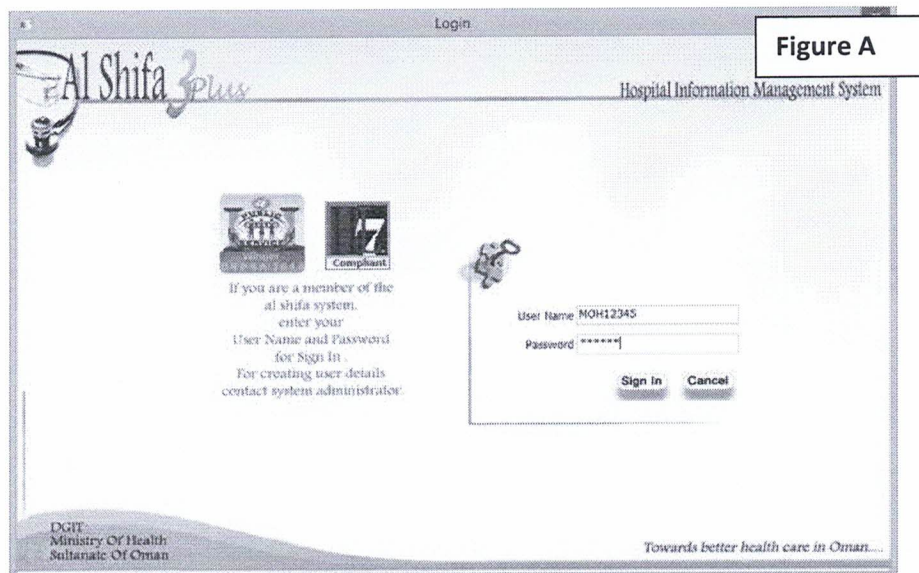


Figure A

2. Once logged in, you will be directed to Al Shifa 3Plus main page, click on full menu and select Clinical Modules then Nursing SBAR.
3. Add nursing SBAR to short list (Refer to appendix 1, Figure B)

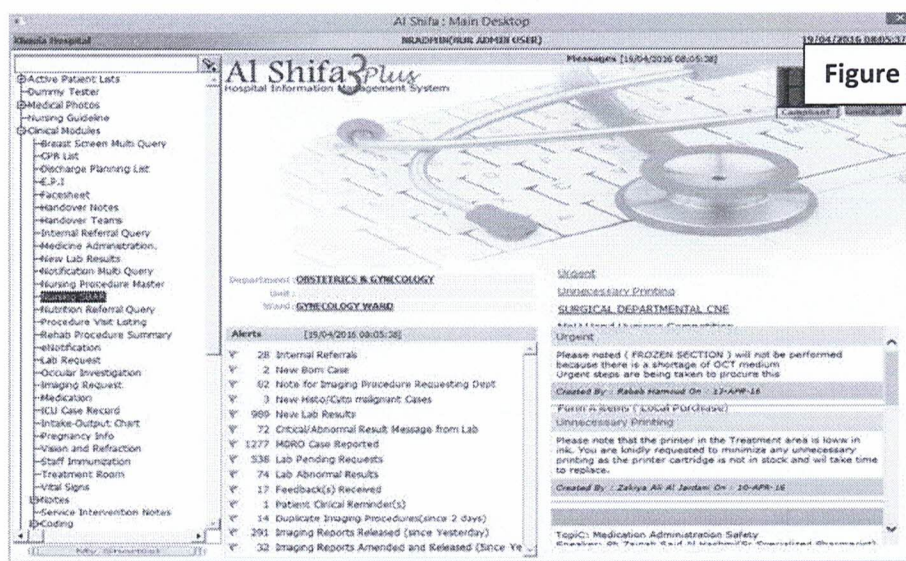
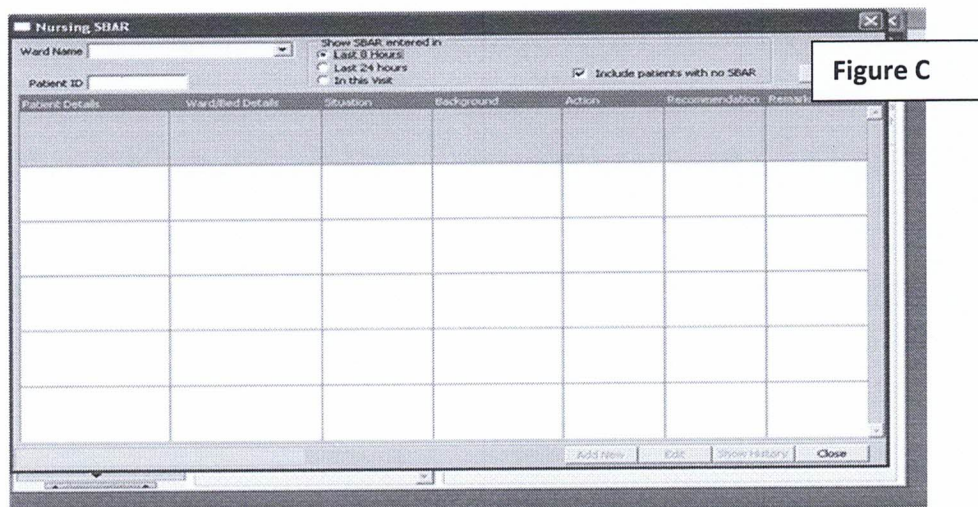


Figure B

4. Enter nursing SBAR in a new sheet if previous documents to be seen click on last 8 hours, last 24 hours or in this visit. . (Refer to appendix 1, Figure C)



Nursing SBAR

Ward Name:

Patent ID:

Show SBAR entered in:

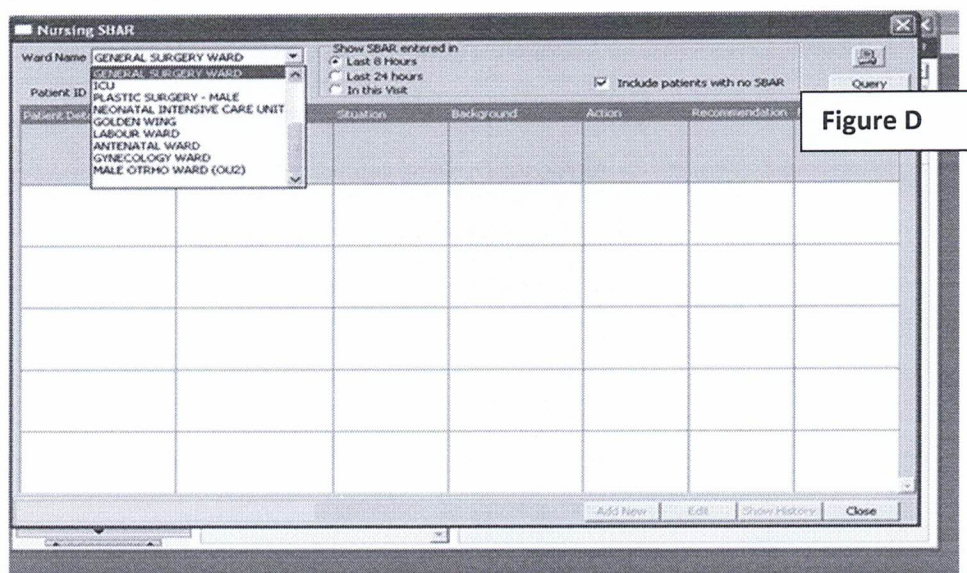
- ☒ Last 8 Hours
- ☐ Last 24 hours
- ☐ In this Visit

☒ Include patients with no SBAR

Patient Details	Ward/Bed Details	Situation	Background	Action	Recommendation	Remarks

Add New Edit Show History Close

5. Select the ward name or it will appear automatically then click Query.
(Refer to appendix 1, Figure D)



Nursing SBAR

Ward Name: **GENERAL SURGERY WARD**

Patent ID:

Show SBAR entered in:

- ☒ Last 8 Hours
- ☐ Last 24 hours
- ☐ In this Visit

☒ Include patients with no SBAR

Query

Patient Details	Ward/Bed Details	Situation	Background	Action	Recommendation	Remarks

Add New Edit Show History Close

- Click on Query, a list of all patients in the ward will appear in the sheet. Select the patient which you need to edit the information for then click add new (Refer to appendix 1, Figure E)

Figure E

Nursing SBAR

Ward Name: GENERAL SURGERY WARD

Show SBAR entered in:
☒ Last 8 Hours
☐ Last 24 hours
☐ In this Visit

☒ Include patients with no SBAR

Query

Patient ID	Ward/Bed Details	Situation	Background	Action	Recommendation	Remarks
ID=763948 Youssef Hassan Abdul Hameed, Male, 45 Years	BedDt: Isolation, ISOLATION DOA: 26/09/2013 14:20 Consult: RASHID HAMED SALIM AL RAZAQA	- rta head injury, -sternal injury, retrosternal hematoma, splenic laceration with -PTVD CSC6 (ortho E)	-left side multiple rib # with hemothorax - # right leg Tibia Fibula -GRIP Fibular plating done -u/h/o L hemithyroidectomy -chest and l spine x-ray done -MRI C SPINE DONE	- on soft diet. - On inj. dexane. - on zimmer walking. - urine, s/s and - or this side to be follow up in opd.	- pt cleared from ortho and gs side - or this side to be post operative care.	- stable.
ID=762664 Shadia Ibrahim Metwaly Bedir Egyptian, Female, 51 Years	BedDt: Room 01, 01 IP DOA: 29/10/2013 12:32 Consult: K. VENUGOPAL MENON Len of stay: 8	- h/o domestic fall with Rt great trochanter.	- HTN on treatment - 2nd pop after Rt greater trochanteric # for open K WIRE AND TENSION BAND.	inj. dexane. BP 133/77 MMHG	- continue oral antibiotics.	- stable.
ID=483160 Shamsa Saud Ghulam Al Hoodi, Female, 66 Years	BedDt: Room 01, 03 IP DOA: 03/11/2013 22:02 Consult: Mohamed Kasim AL-Lami Len of stay: 2	- h/o domestic fall with Rt great trochanter.	- HTN on treatment - 2nd pop after Rt greater trochanteric # for open K WIRE AND TENSION BAND.	inj. dexane. BP 133/77 MMHG	- continue oral antibiotics.	- stable.
ID=785185 Neela Saleh Mohammed Al Mahri, Female, 23 Years	BedDt: Room 01, 04 DOA: 03/11/2013 10:51 Consult: ALI AL MASHANI Len of stay: 3	PITUITARY ADENOMA	- no medical, surgical and allergic history. - ophthalmology check up available.	routine nursing care given.	- CT brain plain and contrast with neuronavigation tomorrow (consent taken)	- stable.
ID=786995 Ruqa Mohamed Mubarak Al Hashmi, Female, 14 Years	BedDt: Room 01, 06 IP DOA: 29/10/2013 22:34 Consult: TARIQ AMIN SHEKH Len of stay: 7	- Septic Arthritis LT Knee (ortho E)	- No medical history Bth pop after LT knee Aspiration/arthrotomy (29/10/13) with APX slab	routine nursing care given.	- possible discharge today - ortho adv: no need of slab - CBC, ESR, CRP	- stable.
ID=752606 Hashia Mohammed Zahr Al-Khatiri, Female, 39 Years	BedDt: Room 02, 07 DOA: 04/11/2013 09:33 Consult: SHARMA R.R. Len of stay: 2	- c/o Low back pain (neuro)	- No medical history. - Cervical Laminectomy And Decompression in KH (03/04/13).	routine nursing care given.	-Awaiting for Lumbo sacral & thoraco lumbar MRI (check list sent).	- stable.

Merlin Bonny 06/11/2013 02:05

Add New Edit Show History Close

- SBAR Entry Form that contains five elements will appear. Click on the small box that is on the top of each column to download previous entry. If new patient; fill the information for all elements, then click save. (See figure below F)

Figure F

Nursing SBAR

Ward Name: GENERAL SURGERY WARD

Show SBAR entered in:
☒ Last 8 Hours
☐ Last 24 hours
☐ In this Visit

☒ Include patients with no SBAR

Query

Patient ID	Ward/Bed Details	Situation	Background	Action	Recommendation	Remarks
ID=763948 Youssef Hassan Abdul Hameed, Male, 45 Years	BedDt: Isolation, ISOLATION DOA: 26/09/2013 14:20 Consult: RASHID HAMED SALIM AL RAZAQA	- rta head injury, -sternal injury, retrosternal hematoma, splenic laceration with -PTVD CSC6 (ortho E)	-left side multiple rib # with hemothorax - # right leg Tibia Fibula -GRIP Fibular plating done -u/h/o L hemithyroidectomy -chest and l spine x-ray done -MRI C SPINE DONE	- on soft diet. - On inj. dexane. - on zimmer walking. - urine, s/s and - or this side to be follow up in opd.	- pt cleared from ortho and gs side - or this side to be post operative care.	- stable.
ID=762664 Shadia Ibrahim Metwaly Bedir Egyptian, Female, 51 Years	BedDt: Room 01, 01 IP DOA: 29/10/2013 12:32 Consult: K. VENUGOPAL MENON Len of stay: 8	- h/o domestic fall with Rt great trochanter.	- HTN on treatment - 2nd pop after Rt greater trochanteric # for open K WIRE AND TENSION BAND.	inj. dexane. BP 133/77 MMHG	- continue oral antibiotics.	- stable.
ID=483160 Shamsa Saud Ghulam Al Hoodi, Female, 66 Years	BedDt: Room 01, 03 IP DOA: 03/11/2013 22:02 Consult: Mohamed Kasim AL-Lami Len of stay: 2	- h/o domestic fall with Rt great trochanter.	- HTN on treatment - 2nd pop after Rt greater trochanteric # for open K WIRE AND TENSION BAND.	inj. dexane. BP 133/77 MMHG	- continue oral antibiotics.	- stable.
ID=785185 Neela Saleh Mohammed Al Mahri, Female, 23 Years	BedDt: Room 01, 04 DOA: 03/11/2013 10:51 Consult: ALI AL MASHANI Len of stay: 3	PITUITARY ADENOMA	- no medical, surgical and allergic history. - ophthalmology check up available.	routine nursing care given.	- CT brain plain and contrast with neuronavigation tomorrow (consent taken)	- stable.
ID=786995 Ruqa Mohamed Mubarak Al Hashmi, Female, 14 Years	BedDt: Room 01, 06 IP DOA: 29/10/2013 22:34 Consult: TARIQ AMIN SHEKH Len of stay: 7	- Septic Arthritis LT Knee (ortho E)	- No medical history Bth pop after LT knee Aspiration/arthrotomy (29/10/13) with APX slab	routine nursing care given.	- possible discharge today - ortho adv: no need of slab - CBC, ESR, CRP	- stable.
ID=752606 Hashia Mohammed Zahr Al-Khatiri, Female, 39 Years	BedDt: Room 02, 07 DOA: 04/11/2013 09:33 Consult: SHARMA R.R. Len of stay: 2	- c/o Low back pain (neuro)	- No medical history. - Cervical Laminectomy And Decompression in KH (03/04/13).	routine nursing care given.	-Awaiting for Lumbo sacral & thoraco lumbar MRI (check list sent).	- stable.

Merlin Bonny 06/11/2013 02:05

Add New Edit Show History Close

SBAR Entry

783848 Youssef Hassan Abdul Hameed, Male, 45 Years (Save) (Save & Close) (Close)

Situation

Background

Action

Recommendation

Remarks

8. Press on show history option, if you want to see previous SBAR entered for that selected patient. (See figure below G).

Figure G

SBAR Date	Situation	Background	Assessment	Recommendation	Remarks
06/11/2013 02:05 Merlin Bonny	-rta head injury, -sternal injury, -retrosternal hematoma, splenic laceration with	-left side multiple rib # with hemothorax - # right leg Tibia fibula .ORIF Fibular plating	- on soft diet. - On inj. clexane, - on zimmer walking. - urine c/s and groin swab	-pt cleared from ortho and gs side -ortho side to be follow up in opd with team f	-stable
05/11/2013 16:38 Densy Thombra David	-rta head injury, -sternal injury, -retrosternal hematoma, splenic laceration with	-left side multiple rib # with hemothorax - # right leg Tibia fibula .ORIF Fibular plating	- on soft diet. - On inj. clexane, - on zimmer walking. - urine cbs on 04.11.13	-pt cleared from ortho and gs side -ortho side to be follow up in opd with team f	-stable
05/11/2013 09:50 Latha P. Thomas	-rta head injury, -sternal injury, -retrosternal hematoma, splenic laceration with	-left side multiple rib # with hemothorax - # right leg Tibia fibula .ORIF Fibular plating	-on soft diet. - On inj. clexane,	-Discharged the patient after ortho clearance - Xary Rt leg done- to be seen by ortho (team F)	-stable
05/11/2013 01:46 RENI SARA JOHN	-rta head injury, -sternal injury, -retrosternal hematoma, splenic laceration with	-left side multiple rib # with hemothorax - # right leg Tibia fibula .ORIF Fibular plating	-on soft diet. - On inj. clexane,	-Discharged the patient after ortho clearance - Xary Rt leg done- to be seen by ortho (team F)	-stable
04/11/2013 23:55 Jessy mole V.K.	-rta head injury, -sternal injury, -retrosternal hematoma, splenic laceration with	-left side multiple rib # with hemothorax - # right leg Tibia fibula .ORIF Fibular plating	-on soft diet. - On inj. clexane,	-Discharged the patient after ortho clearance - Xary Rt leg done- to be seen by ortho (team F)	-stable

Close

Years	SHEBCH	Len of stay	DOA	Consult	Len of stay
Years	SHEBCH	Len of stay:7	DOA:04/11/2013 09:33	Consult:SHARMA R.R.	Len of stay:2

Merlin Bonny 06/11/2013 02:05

Add New Edit Show History Close

9. Print out the SBAR sheet by clicking on the print option. (See figure below H)

Figure H

Nursing SBAR

Ward Name: GENERAL SURGERY

patient ID: 763848

Yousef Hassan Abdul Hameed, Male, 45 Years

Shadia Ibrahim Metwaly Bedir Egyptian, Female, 51 Years

Shamsa Saud Ghulam Al Hooti, Female, 66 Years

Neela Salim Mohammed Al Mahri, Female, 23 Years

Rasa Mohammed Mubarak Al Hashmi, Female, 14 Years

Hasdra Mohammed Zahar Al-Khatir, Female, 39 Years

Merlin Bonny 06/11/2013 02:05

nursing_sbar: Preview

Sultanate of Oman
Ministry of Health
Khoulia Hospital

Nursing SBAR Sheet
GENERAL SURGERY WARD ; List of All Patients

Ward bed details	Situation	Background	Action
763848 Yousef Hassan Abdul Hameed, Male, 45 Years Room 01, 01 JP DOA:26/09/2013 14:20 Consult:RASHID HAMED SALIM AL RAZAQQI Len of stay(In days):41	-rta head injury, -sternal injury, retrosternal hematoma, splenic laceration with perisplenic hematoma - # right transverse process of L4 and L5 - # right leg Tibia fibula	-left side multiple rib # with hemothorax - # right leg Tibia fibula .ORIF Fibular plating done (7/10/13) -Tracheostomy was removed by anesthetist on 27/10/13. -Soft tissue USG shows cellulitis(27/10/13). -Mdr CVP catheter tip,Both hand,Leg,abdomen,Face wound, ET Secretions ,groin and Blood C/S .	- on soft diet. - On inj. clexane, - on zimmer walking. - urine c/s and groin s - urine cbs on 04.11. growth. - groin swab on 02.11
762864 Shadia Ibrahim Metwaly Bedir Egyptian, Female, 51 Years Room 01, 01 JP DOA:29/10/2013 12:32 Consult:K.VENUGOPAL MERION Len of stay(In days):8	-PVID CSC6 (ortho E)	s/h/o L hemithyroidectomy -chest and l.spine x-ray done. -MRI C.SPINE DONE on 30/10/13. -planning for surgery tomorrow.(cervical discectomy c5 & c6) - consent taken. - hb-12g/dl on 29.10.13.	- One unit b+ve blood -premedicated and se 8-30 hrs. -inj. zinacef with indu BP-134/88
483160 Shamsa Saud Ghulam Al Hooti, Female, 66 Years Room 01, 03 JP DOA:03/11/2013 22:02 Consult:Muhamad Kasim AL-Lami Len of stay(In days):2	-h/o domestic fall with Rt great trochanter.	-HTN on treatment -2nd pop after Rt greater trochanteric # open K WIRE AND TENSION BAND. -check x-ray taken	-inj. clexane, -BP-133/77 MMHG HG
765185 Neela Salim Mohammed Al Mahri, Female, 23 Years			

Working
Record 1/21

10.2 Appendix (2): Description of Elements to be filled in the SBAR sheet:

Element	Description
Situation	• Brief description of patient problem and/or diagnosis on admission. • Update the situation according to patient condition during his/her stay in the hospital.
Background	▪ Past medical and surgical history ▪ Any allergies co-morbidities, ▪ Procedures or interventions, ▪ Laboratory results ▪ Diagnostic studies ▪ Patient mobility/risk for fall ▪ Any isolation status. (Date done should be mentioned).
Action/Assessment	▪ Subjective and objective data ▪ Provide your observations and evaluations of the patient's current state ▪ Procedures done in the same shift or day.
Recommendation	▪ Actions to be taken, plan of care ▪ Patient needs and when to be performed e.g. pertinent procedures or test to be performed. ▪ Any order requiring completion or follow up. ▪ Any pending treatment/tests/issues or items left undone that require follow up.

Remarks	• Status of the patient e.g. stable, unstable or critical. • Infection status • KEWS score • Possible sepsis • Fall score • Pressure Ulcer score/ risk • Patient with similar name in the same area.
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