## SCRIPT TEMPLATE

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

Name/Credentials of H	Iospital Staff rec	eiving call:			<del></del>
Name & credential/rel					
Date:	ate: Time of Call:		Call B	Call Back Number:	
Mother's Name:	EDD:		DOB:	DOB: Number of weeks pregnant	
□ G, P:	EDD:				
<u>S</u> ituation:					
Transfer for From a planned: Reason for Transfer:		□ baby birth center		□ mother and l	
Client's Location:					
Who will accompany t					
Mode of Transportation:					
Medical Records at this hospital?					
Assessment:  Mother current conditi	on:	Stable Unstable (spe			
Baby current condition:		Stable Unstable (specify)			
<u>R</u> ecommendation	) <b>:</b>				
Care plan and personn	el likely needed	on arrival:			
Checklist:  □ Received call from				_	
□ Inform consulting	• • • • • • • • • • • • • • • • • • • •	•	M (SBA	R) of situation/	urgency and ETA
□ Inform admitting o	of situation and	ETA			
☐ Arrange for equipr	nent, room and	staff required			
☐ Meet and welcome	woman and ho	ome care team	in assess	sment room	
□ Antenatal and intra	apartum records	s received from	n transfe	rring provider:	□Copy placed in chart
□ Other:					