

**Professional Communications (iSBAR) Assessment Rubric**

<b>i</b>	Hello, my name is [PHARMACIST NAME] and I am a pharmacist at University Pharmacy.	<b>NO</b> [0]	<b>YES</b> [1]	
<b>S</b>	The situation is in regard to a prescription written by doctor [PRESCRIBER NAME] for patient [PATIENT NAME] and I am concerned about Option #1 – the dose. Option #2 – a possible contraindication.	<b>NO</b> [0]	<b>PARTIAL</b> [1]	<b>YES</b> [2]
<b>B</b>	Some background information is that the patient, [PATIENT NAME], is a [AGE]-year old [GENDER] who on [DATE PRESCRIPTION WRITTEN] was prescribed [DRUG NAME, DOSE, DOSAGE FORM] with the instructions to [SIG]. Option #1 – According to my resources a normal dose for [DRUG NAME] is [GIVE NORMAL DOSE]. Option #2 – According to my records, [PATIENT NAME] has a history of [ALLERGY or CONDITION] which is a contraindication for using the drug [DRUG NAME].	<b>NO</b> [0]	<b>PARTIAL</b> [1]	<b>PARTIAL</b> [ 2]
<b>A</b>	My assessment is Option #1 – the dose of [DRUG NAME] is too [HIGH or LOW]. Option #2 – [DRUG NAME] would not be safe to give to the patient because of their [ALLERGY or CONDITION].	<b>NO</b> [0]	<b>PARTIAL</b> [1]	<b>YES</b> [2]
<b>R</b>	I recommend Option #1 – the dose of [DRUG NAME] be [INCREASED or DECREASED] to [NORMAL DOSE]. Option #2 – [DRUG NAME] be discontinued and a new drug prescribed that is safe for someone with [ALLERGY or CONDITION]. Please tell me what you think.	<b>NO</b> [0]	<b>PARTIAL</b> [1]	<b>YES</b> [2]

**Comments:**

**Overall Score: \_\_\_\_\_ / 10**