

PRESSURE ULCER COMMUNICATION TOOL

(NOTE: This form is intended to accompany the discharge summary.)

PURPOSE: To promote pressure ulcer prevention and improvement and enhance the transfer process between acute and long term care settings by utilizing a standardized communication tool.

WHEN TO COMPLETE: The tool should be completed for every patient/resident being transferred who currently has a pressure ulcer or is at risk for developing a pressure ulcer.

DATE OF TRANSFER: TIME OF TRANSFER:
Patient Name Date of Birth
Name of Sending Organization
Contact Person at Sending Organization Tel/Fax/Email
Name of Receiving Organization
Contact Person at Receiving Organization Tel/Fax/Email.....

1. Provide the date for when the last pressure ulcer risk assessment was completed prior to transfer.
DATE: Information Not Available
2. Use the Braden Scale for Predicting Pressure Sore Risk to identify patients/residents at risk for developing a pressure ulcer. For permission to use the scale at no cost, visit <http://www.bradenscale.com/copyright.htm>.

Very High Risk (Braden 9 or below)
High Risk (Braden 10-12)
Moderate Risk (Braden 13-14)
Low Risk (Braden 15-18)
Not at Risk (Braden 19+)

3. Provide the date and time for when the last complete skin assessment was completed prior to transfer.
DATE: TIME: Information Not Available
4. Identify any other risk factors that your patient/resident has that are important to communicate at time of transfer.
 COPD (Chronic Obstructive Pulmonary Disease)
 Diabetes
 Urinary/fecal incontinence
 Immobility (e.g. paralysis, contractures)
 Terminal cancer
 Chronic or end stage renal, liver, heart disease
 Poor nutritional status
 Other skin related issues (not a pressure ulcer)
 Other risk factors not on the list.
5. Identify whether or not the patient/resident had a pressure ulcer(s) at the time of transfer.
Yes No If yes, complete page 2 of the Communication Tool.

PRESSURE ULCER COMMUNICATION TOOL *(continued)*

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Indicate the support surface used for the patient/resident at your facility prior to transfer.

Indicate the off-loading equipment used for the patient/resident at your facility prior to transfer.

Complete the chart to document and describe the pressure ulcer(s) present at the time of transfer.

	How Many?	Location	Treatment
Stage 1 Pressure Ulcer			Dressing Type: Other:
Stage 2 Pressure Ulcer			Dressing Type: Other:
Stage 3 Pressure Ulcer			Dressing Type: Other:
Stage 4 Pressure Ulcer			Dressing Type: Other:
Unstageable Pressure Ulcer			Dressing Type: Other:
Suspected Deep Tissue Injury			Dressing Type: Other:
Total			

- | | |
|-------------------------------|--------------------------------|
| 1 = Back of head | 16 = Left ischial tuberosity |
| 2 = Right ear | 17 = Right thigh |
| 3 = Left ear | 18 = Left thigh |
| 4 = Right scapula | 19 = Right knee |
| 5 = Left scapula | 20 = Left knee |
| 6 = Right elbow | 21 = Right lower leg |
| 7 = Left elbow | 22 = Left lower leg |
| 8 = Vertebrae (upper-mid) | 23 = Right ankle (inner/outer) |
| 9 = Sacrum | 24 = Left ankle (inner/outer) |
| 10 = Coccyx | 25 = Right heel |
| 11 = Right iliac crest | 26 = Left heel |
| 12 = Left iliac crest | 27 = Right toe(s) |
| 13 = Right trochanter (hip) | 28 = Left toe(s) |
| 14 = Left trochanter (hip) | 29 = Other (specify) |
| 15 = Right ischial tuberosity | |

