## 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:			
Pat	tient Name	Date of Birth			
Na	ame of Sending Organization				
Co	ontact Person at Sending Organization	Tel/Fax/Email			
Na	ame of Receiving Organization				
Co	ontact Person at Receiving Organization	Tel/Fax/Email			
1.	Provide the date for when the last pressure ulcer risk	k assessment was completed prior to transfer.			
	DATE:	Information Not Available			
2.	Use the Braden Scale for Predicting Pressure Sore P	Risk to identify patients/residents at risk for developing a			
	pressure ulcer. For permission to use the scale at no	o 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.	3. Provide the date and time for when the last complete skin assessment was completed prior to transfer.				
	DATE:	TIME:   — Information Not Available			
4.		ent has that are important to communicate at time of transfer.			
	☐ COPD (Chronic Obstructive Pulmonary Disease	e)			
	□ 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 Commu	inication I ool.			

## PRESSURE ULCER COMMUNICATION TOOL (continued)

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

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			Dressign Type: Other:
Suspected Deep Tissue Injury	. ,		Dressign 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 12 = Left iliac crest

26 = Left heel

13 = Right trochanter (hip)

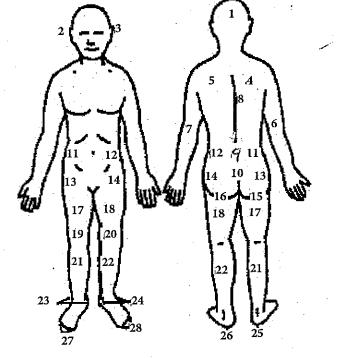
27 = Right toe(s)

14 = Left trochanter (hip)

28 = Left toe(s)

15 = Right ischial tuberosity

29 = Other (specify)



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Note: Derived from The Skin Assessment Tool® by developers of the Braden Scale (See http://www.bradenscale.com/products.htm). page 2