(Place organization's logo here)

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 Name of Receiving Organization Contact Person at Receiving Organization	Tel/Fax/Email	
Provide the date for when the last pressure ulcer r DATE: □ Info	risk assessment was completed prior to transfer. ormation Not Available	
	e Risk to identify patients/residents at risk for developing a no cost, visit http://www.bradenscale.com/copyright.htm .	
3. Provide the date and time for when the last compl DATE: TIME:	lete skin assessment was completed prior to transfer. : Information Not Available	
 □ COPD (Chronic Obstructive Pulmona □ Diabetes □ Urinary/fecal incontinence □ Immobility (e.g. paralysis, contracture □ Terminal cancer □ Chronic or end stage renal, liver, hear □ Poor nutritional status □ Other skin related issues (not a pressu 	es)	
5. Identify whether or not the patient/resident had a p □ Yes □ No	pressure ulcer(s) at the time of transfer.	

If yes, complete page 2 of the Communication Tool.

(Place organization's logo here)

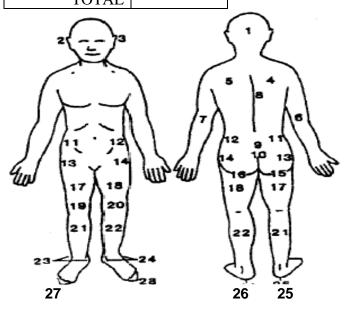
Indicate the **support surface** used for the patient/resident at your facility prior to transfer.

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.

(See Appendix B for NPUAP pressure ulcer staging definitions)

	How many?	Location	Treatment
Stage 1			Dressing Type:
Pressure Ulcer			
			Other:
Stage 2			Dressing Type:
Pressure Ulcer			
			Other:
Stage 3			Dressing Type:
Pressure Ulcer			
			Other:
Stage 4			Dressing Type:
Pressure Ulcer			
			Other:
Unstageable			Dressing Type:
Pressure Ulcer			
			Other:
Suspected Deep			Dressing Type:
Tissue Injury			
			Other:
ΤΩΤΔΙ			<u> </u>



1 = Back of head
2 = Right ear
3 = Left ear
4 = Right scapula
5 = Left scapula
6 = Right elbow
7 = Left elbow
8 = Vertebrae (upper-mid)
16 = Left ischial tuberosity
17 = Right thigh
18 = Left thigh
19 = Right knee
20 = Left knee
21 = Right lower leg
22 = Left lower leg

15 = Right ischial tuberosity

9 = Sacrum
10 = Coccyx
11 = Right iliac crest
12 = Left iliac crest
13 = Right trochanter (hip)
14 = Left trochanter (hip)
23 = Right ankle (inner/outer)
24 = Left ankle (inner/outer)
25 = Right heel
26 = Left heel
27 = Right toe(s)
28 = Left toe(s)

29 = Other (specify)

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