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)

(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.

<table>
<thead>
<tr>
<th>Stage 1 Pressure Ulcer</th>
<th>How Many?</th>
<th>Location</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Comment:------------</td>
<td>1</td>
<td>Right arm</td>
<td>Type: Dressing Type: Other:</td>
</tr>
<tr>
<td>2 Comment:------------</td>
<td>2</td>
<td>Left arm</td>
<td>Type: Dressing Type: Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage 2 Pressure Ulcer</th>
<th>How Many?</th>
<th>Location</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Comment:------------</td>
<td>3</td>
<td>Right thigh</td>
<td>Type: Dressing Type: Other:</td>
</tr>
<tr>
<td>4 Comment:------------</td>
<td>4</td>
<td>Left thigh</td>
<td>Type: Dressing Type: Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage 3 Pressure Ulcer</th>
<th>How Many?</th>
<th>Location</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Comment:------------</td>
<td>5</td>
<td>Right knee</td>
<td>Type: Dressing Type: Other:</td>
</tr>
<tr>
<td>6 Comment:------------</td>
<td>6</td>
<td>Left knee</td>
<td>Type: Dressing Type: Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage 4 Pressure Ulcer</th>
<th>How Many?</th>
<th>Location</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Comment:------------</td>
<td>7</td>
<td>Right lower leg</td>
<td>Type: Dressing Type: Other:</td>
</tr>
<tr>
<td>8 Comment:------------</td>
<td>8</td>
<td>Left lower leg</td>
<td>Type: Dressing Type: Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unstageable Pressure Ulcer</th>
<th>How Many?</th>
<th>Location</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Comment:----</td>
<td>9</td>
<td>Right ankle (inner/outer)</td>
<td>Type: Dressing Type: Other:</td>
</tr>
<tr>
<td>10 Comment:----</td>
<td>10</td>
<td>Left ankle (inner/outer)</td>
<td>Type: Dressing Type: Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suspected Deep Tissue Injury</th>
<th>How Many?</th>
<th>Location</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Comment:-----</td>
<td>11</td>
<td>Right heel</td>
<td>Type: Dressing Type: Other:</td>
</tr>
<tr>
<td>12 Comment:-----</td>
<td>12</td>
<td>Left heel</td>
<td>Type: Dressing Type: Other:</td>
</tr>
</tbody>
</table>

| Total |           |          |           |

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)
9 = Sacrum
10 = Coccyx
11 = Right iliac crest
12 = Left iliac crest
13 = Right trochanter (hip)
14 = Left trochanter (hip)
15 = Right ischial tuberosity
16 = Left ischial tuberosity
17 = Right thigh
18 = Left thigh
19 = Right knee
20 = Left knee
21 = Right lower leg
22 = Left lower leg
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)

Copyright © 1989 Prevention Plus, LLC.

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