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.
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)

<table>
<thead>
<tr>
<th>Stage 1 Pressure Ulcer</th>
<th>How many?</th>
<th>Location</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dressing Type:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>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></td>
<td></td>
<td></td>
<td>Dressing Type:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>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></td>
<td></td>
<td></td>
<td>Dressing Type:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>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></td>
<td></td>
<td></td>
<td>Dressing Type:</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>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></td>
<td></td>
<td></td>
<td>Dressing Type:</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>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></td>
<td></td>
<td></td>
<td>Dressing Type:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

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)

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