**SBAR Wound and Skin
Provider Communication Record**

Patient: DOB:

[insert your logo here]

Nurse/Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| S | SITUATION |
| --- | --- |
| Area(s) of concern: | [ ]  Wound treatment | [ ]  Wound infection | [ ]  New wound |
| [ ]  Consultant recommendation | [ ]  Skin problem | [ ]  Incision line | [ ]  Other: |
| Vital signs from personal assessment of the patient: |
| Blood pressure: |  | Respiration: |  |
| Pulse: |  | Temperature: |  |
| B | BACKGROUND |
| Type of wound: | [ ]  Pressure | [ ]  Venous | [ ]  Diabetic |
| [ ]  Arterial | [ ]  Surgical | [ ]  Other: |  |
| Wound Location: |  |
| Measurement: | Length: cm | Width: cm | Depth: cm |
| Wound base: | Granulation: % | Slough: % | Eschar: % |
|  | Epithelial: % | Other:\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Drainage: | Amount: | Color: | Odor: |
| Surrounding Tissue: | [ ]  Edema | [ ]  Intact | [ ]  Induration |
| [ ]  Pallor | [ ]  Lesions | [ ]  Staining | [ ]  Macerated |
| [ ]  Calloused | [ ]  Epiboly | [ ]  Undermining | [ ]  Tunneling |
| [ ]  Weeping |  |  |  |
| Indicators of infection: | [ ]  Fever | [ ]  Streaking | [ ]  Redness |
| [ ]  Warmth | [ ]  Odor | [ ]  Pain | [ ]  Increased drainage |
| [ ]  Induration | [ ]  Malaise | Other: |  |
| Past Treatment: |  |
| Current treatment: |  |
| Lab results: |  |
| A | ASSESSMENT |
| Wound progress: | [ ]  Healing | [ ]  Worsening | [ ]  Remaining stagnant |
| Potential problem: |
| [ ]  I am unable to determine the problem, and the patient is deteriorating.  |
| [ ]  The patient seems unstable and may get worse: action is required. |
| [ ]  Other: |
| R | RECOMMENDATION |
| [ ]  Change treatment:  | [ ]  Start interventions: |
| [ ]  Obtain labs: | [ ]  Obtain a consult: |
| [ ]  Office visit today or within 24 hours | [ ]  Transfer patient: |
| [ ]  Other:  |

Notes:

Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This material was prepared by the Great Plains Quality Innovation Network, the Medicare Quality Improvement Organization for Kansas, Nebraska, North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11S0W-GPQIN-SD-D1-233/1017*