SBAR Wound and Skin Provider Communication Record

Patient: _____ **DOB:**_____

Nurse/Provider: _____ **Date:**_____**Time:**_____

Contact Number: _____ **FAX Number:**_____

S — Situation

Area(s) of concern:

- ☐ Consult
- ☐ Wound treatment
- ☐ Skin problem
- ☐ Wound Infection
- ☐ Incision Line
- ☐ New Wound
- ☐ Other_____

Vital Signs from personal assessment of the patient:

Blood Pressure: _____

Pulse: _____

Respiration: _____

Temperature: _____

SpO2: _____

B — Background

Type of Wound:

- ☐ Arterial
- ☐ Pressure
- ☐ Surgical
- ☐ Venous
- ☐ Diabetic
- ☐ Other_____

Wound Location: _____
Length: _____cm
Width: _____cm
Depth: _____cm
Granulation_____%
Epithelial: _____%
Slough: _____%
Eschar: _____%

Drainage:
Amount: _____

Color_____

Odor_____

Surrounding Tissue:

- ☐ Pallor
- ☐ Calloused
- ☐ Weeping
- ☐ Edema
- ☐ Lesions
- ☐ Epiboly
- ☐ Intact
- ☐ Staining
- ☐ Undermining
- ☐ Induration
- ☐ Macerated
- ☐ Tunneling
- ☐ Other_____

Indicators of Infection:

- ☐ Warmth
- ☐ Induration
- ☐ Fever
- ☐ Odor
- ☐ Malaise
- ☐ Streaking
- ☐ Pain
- ☐ Redness
- ☐ Increased Drainage
- ☐ 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 _____ ☐ Obtain Labs _____ ☐ Office visit within 24 hours _____ ☐ Start interventions _____ ☐ Obtain consult _____ ☐ Transfer patient _____ ☐ Other: _____	

Notes:_____
_____
_____

Provider Signature: _____ **Date:** _____ **Time:** _____

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