Developed by Grampians Wound CNCs in consultation with regional clinicians v1.1: 2/12 For r/v 6/12

ISBAR Wound Management Communication For Health Professionals

Any medical / nursing / allied clinician may use this tool for effective collaboration and consistent care or referrals for wounded consumers. Circle or tick only relevant fields. Use summarised point form overleaf if more space required. Communicate regarding primary wound issues only and key information, which is unknown.
www.grhc.org.au

U.R. Number _____

Surname _____

Given Names _____

D.O.B. / / Sex_____

Use Label if available *Enter consumer name on reply slip below*

Identify

COMMUNICATION TO: ……

COMMUNICATION FROM: Name, Role, Organisation: DATE:……/……/20……

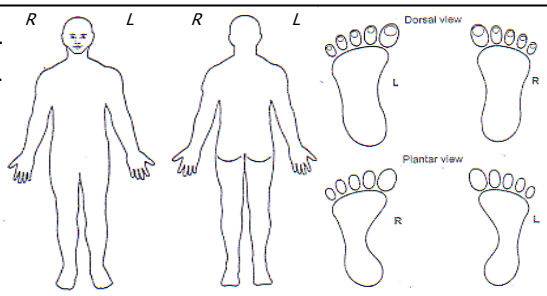
……

……

Phone: ……

Contact details for reply slip: ……

……



Mark ALL wounds with an X in approximate location

Situation

REASON FOR COMMUNICATION:

- ❑ Referral: ……
- ❑ Scheduled re-assessment / review: ……
- ❑ Unscheduled visit: ……
- ❑ Update on changes to plan: ……
- ❑ OTHER: ……

CONSUMER'S EXPRESSED GOALS:

- ❑ Healing
- ❑ Maintenance care
- ❑ Improve quality of life
- ❑ Manage odour / exudate
- ❑ Manage / reduce pain

Background

WOUND AETIOLOGY: ❑ Venous ❑ Arterial ❑ Mixed ❑ Neuropathic ❑ Lymphatic ❑ Autoimmune ❑ Infective

❑ Surgical / breakdown ❑ Malignant ❑ Sinus / fistula ❑ Pressure / friction / shear ❑ Trauma incl. skin tear / burn

❑ More info or OTHER: ……

PRIMARY MANAGEMENT STRATEGIES: ❑ Moisture: donate / maintain / absorb ❑ Manage infection / risk ❑ Wound bed prep

❑ Debride: Autolytic / conservative sharp / other ❑ Manage biofilm ❑ Manage pain ❑ Skin care ❑ Consumer /carer education

❑ Manage limb oedema: Reduce / maintain (mmHg: < 10, 10 - 20, 20 - 30, 30 - 40, >40) ❑ Pressure: redistribution / repositioning

❑ More info or OTHER: ……

Assessment

CURRENT WOUND STATUS: ❑ Improved ❑ Static ❑ Deteriorated ❑ Infection (Acute/Chronic) Wound age:……

Refer attached: ❑ Photos ❑ Tracing ❑ Results ……

KEY BELOW: Circle either ↑ increase, = unchanged, ↓ decrease

Surface area / length / width: ↓ = ↑, Depth: ↓ = ↑, Exudate: ↓ = ↑, Malodour: ↓ = ↑, Pain: ↓ = ↑

Tissue: Epithelial_____%, Granulation_____%, Slough/Necrotic_____%, Bone/Tendon_____%, ……%

Granulation Quality: ❑ Budding/Red ❑ Pale ❑ Ruddy ❑ Friable ❑ Pocketing ❑ OTHER: ……

Wound Edge: ❑ Migrating ❑ Sloping ❑ Rolled ❑ Punched ❑ Undermined ……

Peri-wound: ❑ Healthy ❑ Macerated ❑ Dry ❑ Erythema (blanchable / non-blanchable) ❑ Indurated ❑ Excoriated ❑ Eczema

❑ Fragile ❑ Hyperkeratosis ❑ More info or OTHER: ……

Lower limb circumferences *cms:* ANKLE: R)…… L)…… CALF: R)…… L)…… ↓ = ↑

More info, pain/exudate/sinus etc: ……

……

CURRENT PLAN: Frequency: Cleansing: Skin care/Protection:

Use generic names where possible

Dressings:

Fixation/Other:

Compression:

Request

Issues to be addressed at appointment / service

Tick only relevant items for action. Elaborate overleaf if pertinent

- ❑ Please attend wound plan as above ❑ Supplies provided with consumer:
- ❑ Please review, and advise your recommendations:
- ❑ Stated plan will be continued unless otherwise requested:
- ❑ Pain / Signs of infection:
- ❑ Concordance or factors affecting healing:
- ❑ Information request:

Consider: ❑ Diagnostic investigations; ❑ Referral to other service; ❑ Case management:

✂ *TO REPLY: Remove here. Pass reply slip to consumer or post / fax / email* - ✂

Reply

Communication Reply TO …… RE: NAME ……

UR/DOB:……

- ❑ Please continue. No change to wound plan:
- ❑ Request change to wound plan as follows:
  Include rationale
- ❑ Follow up to requested issues:
- ❑ Further review is arranged for:
- ❑ Other remarks:

FROM: Name, Role, Organisation: ……**Date:** ……/……/ **20**……

Wound Management Communication