

# SBAR wound and skin provider communication record



S	<p><b>SITUATION</b></p> <p>I am calling about _____</p> <p>The problem I am calling about is:</p> <p><input type="checkbox"/> Wound treatment   <input type="checkbox"/> Wound infection   <input type="checkbox"/> New wound   <input type="checkbox"/> Incision line   <input type="checkbox"/> Skin problem</p> <p><input type="checkbox"/> Consultant recommendation   <input type="checkbox"/> Other _____</p> <p>I have just assessed the patient personally:</p> <p>Vital signs are: Blood pressure _____ Respiration _____ Pulse _____ Temperature _____</p>
B	<p><b>BACKGROUND—Wound Info</b></p> <p>Type: <input type="checkbox"/> Pressure   <input type="checkbox"/> Venous   <input type="checkbox"/> Diabetic   <input type="checkbox"/> Arterial   <input type="checkbox"/> Surgical   <input type="checkbox"/> Other _____</p> <p>Location: _____ Measurements: Length _____ cm   Width _____ cm   Depth _____ cm</p> <p>Wound base: % _____ Granulation   % _____ Slough   % _____ Eschar   % _____ Epithelial   % _____ Other</p> <p>Drainage: Amount: _____ Color: _____ Odor: _____</p> <p>Surrounding tissue: <input type="checkbox"/> Color _____ <input type="checkbox"/> Edema   <input type="checkbox"/> Firmness   <input type="checkbox"/> Intact   <input type="checkbox"/> Induration   <input type="checkbox"/> Pallor</p> <p><input type="checkbox"/> Lesions   <input type="checkbox"/> Staining   <input type="checkbox"/> Macerated   <input type="checkbox"/> Callused   <input type="checkbox"/> Epiboly   <input type="checkbox"/> Undermining   <input type="checkbox"/> Tunneling   <input type="checkbox"/> Weeping</p> <p>Indicators of infection: <input type="checkbox"/> Fever   <input type="checkbox"/> Streaking   <input type="checkbox"/> Redness   <input type="checkbox"/> Increased drainage   <input type="checkbox"/> Odor   <input type="checkbox"/> Warmth</p> <p><input type="checkbox"/> Induration   <input type="checkbox"/> Malaise   <input type="checkbox"/> Pain</p> <p>Past treatment: _____</p> <p>Current treatment: _____</p> <p>Lab results: _____</p> <p>Other: _____</p>
A	<p><b>ASSESSMENT</b></p> <p>The wound seems to be: <input type="checkbox"/> healing   <input type="checkbox"/> worsening   <input type="checkbox"/> remaining stagnant</p> <p>This is what I think the problem is: _____</p> <p style="text-align: right;">(Say what you think is the problem.)</p> <p><input type="checkbox"/> I am not sure what the problem is, but the patient is deteriorating.</p> <p><input type="checkbox"/> The patient seems to be unstable and may get worse; we need to do something.</p> <p>Other: _____</p>
R	<p><b>RECOMMENDATION: Say what you think would be helpful or what needs to be done.</b></p> <p><input type="checkbox"/> Change treatment to: _____</p> <p><input type="checkbox"/> Start interventions: _____</p> <p><input type="checkbox"/> Obtain labs: _____</p> <p><input type="checkbox"/> Obtain consult for: _____</p> <p><input type="checkbox"/> Have the patient come in to see you at your office today or within 24 hours _____</p> <p><input type="checkbox"/> Transfer the patient to: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p>

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