

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

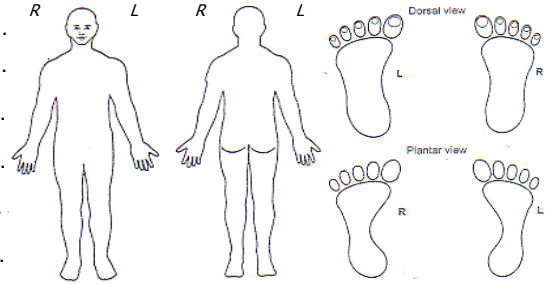
U.R. Number _____
 Surname _____
 Given Names _____
 D.O.B. / / Sex _____

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: PTO



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

Reply

Communication Reply to **RE: NAME**
 Please continue. No change to wound plan:
 Request change to wound plan as follows: **UR/DOB:**.....
Include rationale PTO
 Follow up to requested issues:
 Further review is arranged for:
 Other remarks:
FROM: Name, Role, Organisation: **Date:**/...../ 20.....

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Communication
For Health Professionals

This page overleaf is reserved for exceptional cases where further space is required.
If more space is frequently needed, consider alternate methods to communicate larger quantities of pertinent information.

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Surname _____

Given Names _____

D.O.B. / / Sex _____

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Situation

Background

Assessment

Request

Reply

Wound Management Communication

