MASSACHUSETTS PRESSURE ULCER COLLABORATIVE SKIN AND WOUND HANDOFF TOOL

Date: ______________________

Team Accepting: ______________________

Team Handing Off: ______________________

Patient label/ identifier here

PU/Wound Location: ______________________

TYPE OF WOUND
Pressure Ulcer (PU) □ Full Thickness □ Partial Thickness □ UTD □
Suspected Deep Tissue Injury □ 0% □ 25% □ 50% □ 75% □ 100% □
Ulcer-Non pressure □ DFU □ Arterial □ Venous □ Unknown □
Incision □ Intact □ Non-intact □
(describe)_________________________
Other □ (describe)________________________

DESCRIPTION
Eschar/Necrosis 0% □ 25% □ 50% □ 75% □ 100% □
Granulation Tissue 0% □ 25% □ 50% □ 75% □ 100% □
Drainage Y □ No □ Minimal □ Mod □ Heavy □
Serous □ Serosanguinous □
Other (describe)________________________
Odor Y □ No □ (describe)________________________
Skin around wound Intact □ Denuded □ Macerated □
Structures Visible Bone □ Tendon □ Mesh □ Hardware □
Fistula □ NA □ Other □

MEASUREMENT
in centimeters (length = head to toe)
Length ___________ Undermining_________
Width ___________ Tunneling ___________
Depth ___________

DRESSING
Dressing Type: _______________________________
Dressing Frequency: _______________________________
Supplies: _______________________________
_____________________________
_____________________________
_____________________________

EQUIPMENT
Mattress/Overlay: _______________________________
Chair Cushion: _______________________________
Heel Offload: _______________________________
Other: _______________________________
_____________________________
_____________________________

Last Dressing Change Date: ______________________

FOLLOW UP (include dates)
Primary Care: _______________________________
Surgeon: _______________________________
PT: _______________________________
Other: _______________________________

ADDITIONAL NOTES
re: diet, compression, additional diagnostics, and education may be written on the back of this form.

Clinician Name (print) ________________________ Clinician Signature ________________________ Date _____ Time _____ Phone _______