



MASSACHUSETTS PRESSURE ULCER COLLABORATIVE SKIN AND WOUND HANDOFF TOOL

Date: _____

Patient label/ identifier here

Team Accepting: _____

Team Handing Off: _____

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 _____

Photo-documentation here

DRESSING

Dressing Type: _____

Dressing Frequency: _____

Supplies: _____

Last Dressing Change Date: _____

EQUIPMENT

Mattress/Overlay: _____

Chair Cushion: _____

Heel Offload: _____

Other: _____

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 _____