### 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.mhs.org.au](http://www.mhs.org.au)

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#### COMMUNICATION TO:

COMUNICATION FROM: Name, Role, Organisation: **DATE:** ……….. / ……… / 20………

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#### COMMUNICATION FROM:

Contact details for reply slip:

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#### PRIMARY MANAGEMENT STRATEGIES:

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

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#### REASON FOR COMMUNICATION:

[ ] Referral:

CONSUMER’S EXPRESSED GOALS:

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

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#### WOUND AETIOLOGY:

- [ ] Venous
- [ ] Arterial
- [ ] Mixed
- [ ] Neuropathic
- [ ] Lympmatic
- [ ] Autoimmune
- [ ] Infective
- [ ] Surgical / breakdown
- [ ] Malignant
- [ ] Sinus / fistula
- [ ] Pressure / friction / shear
- [ ] Trauma incl. skin tear /burn
- [ ] More info or OTHER:

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#### 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:

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#### 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____% , Pocketing____% , Friable____%

Granulation Quality: [ ] Budding/Red
[ ] Pale
[ ] Ruddy
[ ] Fribale
[ ] Pocking
[ ] 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 cm: ANKLE: R).............. L)..............CALF: R).............. L)..............

**UP** = **↓**

More info, pain/exudate/sinus etc:

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#### CURRENT PLAN:

Frequency: Cleansing:

Use generic names where possible

Dressings:

Skincare/Protection:

Compression:

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#### 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:

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#### Communication Reply TO:

RE: NAME

UR/DOB: ........

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#### Reply

- [ ] 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………

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