

### SBARR Pressure Injury Referral Form

<b>I</b> <small>IDENTIFICATION</small>	<b>FACILITY:</b>	<b>PRINT NAME:</b>	<b>DESIGNATION:</b>	<b>DATE:</b>
	<b>PH No:</b>			
<b>S</b> <small>SITUATION</small>	I am would like to discuss: _____ NHI/DOB: _____ The problem is: <input type="checkbox"/> Suspected Deep <input type="checkbox"/> Unstageable <input type="checkbox"/> Stage One <input type="checkbox"/> Stage Two <input type="checkbox"/> Stage Three <input type="checkbox"/> Stage Four <input type="checkbox"/> Consultant Recommendation <input type="checkbox"/> Other _____ I have just assessed the resident: vital signs are: Blood Pressure _____ Respiration _____ Pulse _____ Temperature _____			
<b>B</b> <small>BACKGROUND</small>	Pressure Injury Location: _____ Measurements Length _____ cm Width _____ cm Depth _____ cm Pressure Injury Base: % _____ Granulation % _____ Slough % _____ Eschar % _____ Epithelial % _____ Other _____ Drainage: Amount: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Colour: _____ Odour: _____ Surrounding Tissue: Colour _____ <input type="checkbox"/> Oedema <input type="checkbox"/> Firmness <input type="checkbox"/> Intact <input type="checkbox"/> Pallor <input type="checkbox"/> Macerated <input type="checkbox"/> Exudate Indicators of Infection: <input type="checkbox"/> Fever <input type="checkbox"/> Streaking <input type="checkbox"/> Redness <input type="checkbox"/> Increased Drainage <input type="checkbox"/> Odour <input type="checkbox"/> Warmth <input type="checkbox"/> Induration <input type="checkbox"/> Malaise <input type="checkbox"/> Pain Past Treatment: _____ Current Treatment: _____ Lab Results: _____ Photo attached <input type="checkbox"/> Other:			
<b>A</b> <small>ASSESSMENT</small>	The pressure injury seems to be: <input type="checkbox"/> Healing <input type="checkbox"/> Worsening <input type="checkbox"/> Remains Stagnant I think the problem is: _____ I am not sure what the problem is, but the resident is deteriorating. <input type="checkbox"/> The resident seems to be unstable and may get worse; we need to: _____			
<b>R</b> <small>RECOMMENDATION</small>	Change Treatment to: _____ Start Interventions: _____ Obtain Labs: _____ Obtain consult for: _____ Refer Resident: medical professional / tissue viability nurse / CNS / other _____ (circle) _____ Transfer the Resident to: _____ Other:			

**R**

REVIEW

Write over page if needed

**Please send the Referral to:**

Dawn French

Tissue viability Specialist Nurse: [Dawn.French@bopdhb.govt.nz](mailto:Dawn.French@bopdhb.govt.nz)