SBAR for Wound Care Management

**Purpose:** To facilitate effective communication and collaboration between the home care nurse and physician in the management of the patient’s wound.

**Goal:** To incorporate evidence-based research on the science of wound management, and to integrate new understanding of the wound healing process into current practice. The research shows that advanced wound care products provide better outcomes for patients and as such should be incorporated into practice. This tool will assist the nurses to effectively communicate recommendations to the physician based on current research.

**Before calling the physician:** Complete a full assessment on the patient. Review patient chart. Note any changes, labs, recent falls/injuries/procedures, etc. Also, have answers to questions such as: Is the wound healing? Moist? Is necrotic tissue present? Condition of periwound skin? Measurements/depth? Be sure to have all necessary information you will need in order to communicate effectively.

*To be BEST armed for placing this call, please also refer to resources such as “Pocket Guide to Pressure Ulcers,” Wound and Skin Care Reference Guide, Wound Dressing Selection Guide, managers, and wound care certified nurses on staff.*

**Situation:** Your name, patient’s name, and the current issue (what about the patient’s condition warranted the call?)

**Background:** Report information relevant to current issue, i.e. diagnosis, vital signs, lab results, physical assessment findings, skin/wound condition, etc.

**Assessment:** Focus on current issue (wound) – if necessary, refer to previous assessments to highlight changes from the past. Take this time to use critical thinking skills to elaborate on details pertaining to current issue such as nutritional intake, wound deterioration/failure of wound healing, pre-albumin value, hydration, function, which lead you to the recommendation of a treatment option specific to THIS patient’s needs at THIS time. Is it that the wound bed is dry? It has slough? Odor? Periwound breakdown? Etc.

**Recommendation:** Use key phrases such as “I recommend...,” “What I have available is...,” or “As per our formulary, I suggest using...” Try to AVOID phrases such as, “What do you think,” “What would you like to do,” and “I don’t know.” Back up your request with information such as “Wet-to-dry dressing causes tissue destruction and is traumatic to the patient.”
*Remember to use generic product names, rather than brand names. Ex: Hydrocolloid, not Medihoney. Calcium alginate, not Algicell Ag.

* WHEN ORDERING GAUZE, PLEASE ORDER NON-Sterile GAUZE UNLESS INDICATED OTHERWISE; i.e. treatment of a surgical wound, etc.

“Based on my assessment of the patient and the condition of his/her wound, I recommend using ________ treatment.”

“Based on my assessment of the patient and the condition of his/her wound, what I have available is X, Y, and Z treatments (hydrocolloid paste/wafer, calcium alginate, and/or negative pressure wound treatments).”

“With your approval I would recommend using _____ in replacement for the current wet-to-dry (or other) treatment. “

“As per our formulary, I suggest using _____ treatment on the patients wound, as it is most adequate at this point in the wound’s healing process.”

OTHER LANGUAGE THAT MAY BE USEFUL:

“Evidence-based research shows that wet-to-dry dressing is no longer considered the standard of care. It is non-selective and removed both infected AND healthy tissue. It is detrimental to the wound bed and causes pain upon removal. Wet-to-dry dressings also need to be changed much more frequently, interrupting the temperature of the wound bed, which is key in healing a wound.”

“By treating the wound with a hydrocolloid dressing, the wound bed will remain covered and protected from bacterial penetration, and autolytic debridement will take place while maintaining a moist wound environment.”

“Foam absorbs small to moderate amounts of drainage, promotes a moist wound environment, provides thermal insulation for the wound bed and aids in hypergranulation of tissue.”

“Medihoney and hypergels are ideal for wounds with moderate to excessive slough/drainage because they effectively debriede the wound, while keeping it moist, and promote tissue granulation.”

“Alginate dressings are an effective barrier to bacterial penetration in moderate to heavily draining wounds. Alginates absorb drainage and promote a moist wound environment.”

“Composite dressings serve as effective barriers to protecting the wound bed and periwound area, particularly for patients who have an increased risk of moisture, i.e., incontinence, urostomy, colostomy, etc.”
IF YOU ARE UNSURE OF A WOUND STAGE, HOW AND WHAT TO TREAT IT WITH, OR WHAT OPTIONS ARE AVAILABLE, PLEASE DO NOT HESITATE TO CONSULT A WOUND CARE CERTIFIED NURSE.