

Client label

SWAT TEAM URGENCY TOOL REFERRAL FORM

Primary Concerns:

Current and past treatments:

Expected Outcome:

Co-morbidities:

Medications:

Check the boxes in each category that apply to your client and score 1 unless otherwise indicated:

VASCULAR – Healability

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Lower leg pain at night <input type="checkbox"/> Lower leg pain at rest <input type="checkbox"/> Purple feet on dependency <input type="checkbox"/> Woody fibrosis <input type="checkbox"/> Hyperpigmentation (brown staining) <input type="checkbox"/> History of DVT <input type="checkbox"/> History of previous ulcer | <ul style="list-style-type: none"> <input type="checkbox"/> Recent increase in edema, that does not decrease overnight <input type="checkbox"/> Co-existing diseases that affect healing (e.g., anemia, cancer, etc.) <input type="checkbox"/> Systemic agents that affect healing (e.g., corticosteroids, dialysis, chemotherapy, etc.) |
|--|---|

Category Score /10

INFECTION – Wound Bed Assessment

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Increase/change in wound drainage <input type="checkbox"/> Increase in wound pain <input type="checkbox"/> Increase in peri-ulcer swelling <input type="checkbox"/> Increase in temperature <input type="checkbox"/> Increase in bleeding | <ul style="list-style-type: none"> <input type="checkbox"/> Increase in size of the wound <input type="checkbox"/> Increase in necrotic tissue <input type="checkbox"/> History of cellulites <input type="checkbox"/> Increase/change in PSST* score <input type="checkbox"/> Increase in redness |
|--|---|

Category Score /10

PRESSURE – Cause(s)

- Recent changes in mobility (bed/wt shifting)
- History of pressure ulcers
- Presence of contractures and/or bony deformities
- Decreased/altered sensation
- Change in quality of transfer skills
- Redness over bony prominences
- Inadequate nutritional status
- Recent change in health status
- Presence of depression
- Excessive exposure to moisture
- Poor adherence to treatment plan

Category Score /13

REASON FOR REFERRAL

- | | <i>Score</i> |
|--|--------------|
| <input type="checkbox"/> Multidisciplinary Team Assessment | 2 |
| <input type="checkbox"/> Stocking Assessment/Reassessment | 1 |
| <input type="checkbox"/> Weekend Visit Wound Assessment | 3 |
| <input type="checkbox"/> Need for Specialty Surface | 2 |
| <input type="checkbox"/> Holistic Wound Assessment | 2 |
| <input type="checkbox"/> Follow-up Assessment | 1 |
| <input type="checkbox"/> Clarification of Doctor’s Orders | 2 |

Category Score /13

Total Score /46

Completed by: _____
 SWAT Team member contacted: _____
 Date of initial contact with SWAT Team member: _____

For SWAT Team use only

Date referral form received: _____
 Date of initial visit: _____
 Reviewed by: _____

Form completed accurately: Yes _ No _

*PSST refers to the Pressure Sore Status Tool