PUSH Tool 3.0

Patient Name:_____

Patient ID#:_____

Ulcer Location: _____

Date:_____

DIRECTIONS:

Observe and measure the pressure ulcer. Categorize the ulcer with respect to surface area, exudate, and type of wound tissue. Record a sub-score for each of these ulcer characteristics. Add the sub-scores to obtain the total score. A comparison of total scores measured over time provides an indication of the improvement or deterioration in pressure ulcer healing.

Length	0 0 cm^2	1 < 0.3 cm^2	2 0.3-0.6 cm^2	3 0.7-1.0 cm^2	4 1.1-2.0 cm^2	5 2.1-3.0 cm^2	
x Width		6 3.1- 4.0 cm^2	7 4.1-8.0 cm^2	8 8.1-12.0 cm^2	9 12.1-24.0 cm^2	10 >24.0 cm^2	**Sub-score**
Exudate Amount	0 None	1 Light	2 Moderate	3 Heavy			**Sub-score**
Tissue Type	0 Closed	1 Epithelial T.	2 Granulation T.	3 Slough	4 Necrotic T.		**Sub-score**
							Total Score

Length x Width: Measure the greatest length (head to toe) and the greatest width (side to side) using a centimeter ruler. Multiply these two measurements (length x width) to obtain an estimate of surface area in square centimeters (cm2). Caveat: Do not guess! Always use a centimeter ruler and always use the same method each time the ulcer is measured.

Exudate Amount: Estimate the amount of exudate (drainage) present after removal of the dressing and before applying any topical agent to the ulcer. Estimate the exudate (drainage) as none, light, moderate, or heavy.

Tissue Type: This refers to the types of tissue that are present in the wound (ulcer) bed. Score as a "4" if there is any necrotic tissue present. Score as a "3" if there is any amount of slough present and necrotic tissue is absent. Score as a "2" if the wound is clean and contains granulation tissue. A superficial wound that is reepithelializing is scored as a "1". When the wound is closed, score as a "0".

> **4 - Necrotic Tissue (Eschar):** black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges and may be either firmer or softer than surrounding skin.
> **3 - Slough:** yellow or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous.
> **2 - Granulation Tissue:** pink or beefy red tissue with a shiny, moist, granular appearance.
> **1 - Epithelial Tissue:** for superficial ulcers, new pink or shiny tissue (skin) that grows in from the edges or as islands on the ulcer surface.
> **0 - Closed/Resurfaced:** the wound is completely covered with epithelium (new skin).

PRESSURE ULCER HEALING CHART
(To Monitor Trends in PUSH Scores Over Time)

(use a separate page for each pressure ulcer)

Patient Name:_____ Patient
ID#:_____
Ulcer Location: _____
Date:_____

Directions: Observe and measure pressure ulcers at regular intervals using the PUSH Tool. Date and record PUSH Sub-scale and Total Scores on the Pressure Ulcer Healing Record below.

PRESSURE ULCER HEALING RECORD

DATE												
Length x Width												
Exudate Amount												
Tissue Type												
Total Score												

Graph the PUSH Total Score on the Pressure Ulcer Healing Graph below.

PUSH Total Score	PRESSURE ULCER HEALING GRAPH											
17												
16												
15												
14												
13												
12												
11												
10												
9												
8												
7												
6												
5												
4												
3												
2												
1												
Healed 0												
DATE												

Instructions can be found below

PUSH TOOL (Version 3)

The Pressure Ulcer Scale for Healing (PUSH) tool was developed by the National Pressure Ulcer Advisory Panel (NPUAP) as a quick, reliable tool to monitor the change in pressure ulcer status over time. The tool is based on (1) an analysis of research to identify the critical parameters commonly used to monitor pressure ulcer healing and (2) a statistical analysis of existing research data bases based on pressure ulcer monitoring and (3) a national retrospective validation study. Since its initial development, the tool has been validated by 2 multi-site retrospective studies plus a pilot test conducted by HCFA. This tool is a research -validated tool that quickly and reliably captures the key assessments necessary to monitor whether a pressure ulcer is getting better or worse over time.

The NPUAP recommends use of the PUSH Tool at "regular intervals". The AHCPR Treatment Guideline recommends assessments be performed "at least weekly" and "if the condition of the patient or of the wound deteriorates". The PRESSURE ULCER HEALING CHART (which is attached to the PUSH Tool) will allow you to graph PUSH Tool scores over time for each ulcer. You should be able to "tell at a glance" whether the ulcer is healing, remains unchanged, or is deteriorating.

The PUSH Tool is designed to monitor the three critical parameters that are the most indicative of healing. In developing specific treatment plans, you will need to assess additional parameters (e.g., foul odor, color of exudate, undermining, and tunneling). Any increase in the PUSH Tool score (indicating wound deterioration) requires a more complete assessment of the ulcer and the patient's overall condition.

Staff Education

When introducing any new assessment tool, staff should be educated regarding appropriate use of the tool through formal education programs. We recommend demonstrating use of the tool on actual patients and conducting interrater reliability checks (i.e. comparing assessments made by experienced and new users).

User Evaluation and Refinement

To be an effective measure of pressure ulcer healing, the PUSH Tool must be (1) valid, (2) reliable, (3) responsive to changes in the ulcer over time, and (4) clinically practical. Please help NPUAP evaluate how well the PUSH Tool meets these criteria. The NPUAP invites and welcomes suggestions for refining and improving the PUSH Tool. Please send written comments to the NPUAP.

Send comments to:
NPUAP, 11250 Roger Bacon Drive; Reston, Virginia; FAX: 703-435-4390; E-mail: rguggolz@drohanmgmt.com

Refinements may be made in the PUSH Tool based on the results of ongoing research. Any tool modifications will be posted at the NPUAP Web site (http://www.npuap.org) and revised copies will be sent to registered PUSH Tool Users (See attached registration form). When such refinements are made, the SPMS database will also make the changes and utilize the new form. If you become aware of any changes, please inform us as soon as possible.

Although the PUSH Tool is copyrighted to the NPUAP, you are free to use it for education, research, and practice purposes. Non-commercial users are only required to acknowledge the NPUAP and the "Version Number" of the tool on any hard-copy or electronic reproduction. We have included the PUSH User Registration Form with this manual. This will help NPUAP monitor use of the PUSH Tool and better address the needs of PUSH Tool Users.

If you have any questions regarding use of the PUSH Tool, please contact the NPUAP at 314-909-6815 or E-mail: rguggolz@drohanmgmt.com

Instructions for Using the PUSH Tool

To use the PUSH Tool, the pressure ulcer is assessed and scored on the three elements in the tool:

    Length x Width --> scored from 0 to 10
    Exudate Amount ---> scored from 0 (none) to 3 (heavy)
    Tissue Type ---> scored from 0 (closed) to 4 (necrotic
    tissue)

In order to insure consistency in applying the tool to monitor wound healing, definitions for each element are supplied at the bottom of the tool.

Categorize the ulcer with respect to surface area, exudate, and type of wound tissue. Record a sub-score for each of these ulcer characteristics. Add the sub-scores to obtain the total score. A comparison of total scores measured over time provides an indication of the improvement or deterioration in pressure ulcer healing. If the score goes down, the wound is healing. If it gets larger, the wound is deteriorating.

The first score is obtained upon admission to the hospital, or when the pressure ulcer is first identified. The final score is obtained when the patient is discharged, the wound is healed, OR just before the patient goes to surgery for a flap or amputation. The difference between the first and last score is the Pressure Wound Healing score.

Step 1: Using the definition for length x width, a centimeter ruler measurement is made of the greatest head to toe diameter. A second measurement is made of the greatest width (left to right). **Caveat: Do not guess! Always use a centimeter ruler and always use the same method each time the ulcer is measured.** Multiple these two measurements to get square centimeters and then select the corresponding category for size on the scale and record the score.

Step 2: Estimate the amount of exudate(drainage) present after removal of the dressing and before applying any topical agents to the ulcer. Estimate the exudate (drainage) as none, light, moderate, or heavy. Select the corresponding category for amount & record the score.

Step 3: Identify the type of tissue. This refers to the types of tissue that are present in the wound (ulcer) bed. **Note: if there is ANY necrotic tissue, it is scored a 4. Or, if there is ANY slough, it is scored a 3, even though most of the wound is covered with granulation tissue.**

*Necrotic Tissue(Eschar)*is defined as black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges and may be either firmer or softer than surrounding skin.

Slough is defined as yellow or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous.

Score as a "2" if the wound is clean and contains granulation tissue. *Granulation Tissue* is defined as pink or beefy red tissue with a shiny, moist, granular appearance.

A superficial wound that is re-epithelializing is scored as a "1". *Epithelial Tissue* for superficial ulcers is defined as new pink or shiny tissue skin that grows in from the edges or as islands on the ulcer surface.

When the wound is closed, score as a "0". *Closed/Resurfaced* is defined as a wound which is completely covered with epithelium (new skin).

Step 4: Sum the scores on the three elements of the tool to derive a total PUSH Score.

Step 5: Transfer the total score to the Pressure Ulcer Healing Graph. Changes in the score over time provide an indication of the changing status of the ulcer. If the score goes down, the wound is healing. If it gets larger, the wound is deteriorating.

Step 6: When the patient is discharged, or when the wound heals (closed/Resurfaced) or when the patient goes to surgery for a flap or amputation of that area, subtract the final score from the initial score, for the healing rate for that patient.

PUSH Tool User Registration Form

Yes, I plan to use the PUSH Tool and agree to abide by the copyright restrictions as noted above.

Signature:_____

To register as a PUSH Tool User and receive tool revisions, please print the form below, fill out the information on the form, and mail to:

NPUAP
11250 Roger Bacon Drive, Suite 8
Reston, Virginia   20190-5202
OR
FAX completed form to (703) 435-4390

Name:_____

Title:_____

Institution:_____

Address:_____

City:_____State:_____Zip:_____

Work Phone:_____

E-mail:_____

I plan to use the PUSH Tool for (check all that apply):
___Clinical Practice   ___Education   ___Research   ___Other (Please specify)

I plan to use the PUSH Tool in a (check all that apply):
_____ Long Term Care Facility   _____ Skilled Nursing Facility

_____ Rehabilitation Facility   _____ Subacute Care Facility

_____ Acute Care Facility   _____ Ambulatory Care Setting

_____Wound Care Center   _____ Home Care

_____ Other (Please specify)