

Date: [Insert Date]

RE: Transfer of Care and Wound Discharge Summary

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Discharge Date: [Date]

Transferring Facility: [SNF Name]

Receiving Facility/Agency: [Receiving Name]

1. Wound Diagnosis & Location

[e.g., Pressure Injury Stage III, Sacrum]

[e.g., Surgical Incision, Right Hip]

2. Current Wound Status (At Discharge)

- **Dimensions:** [Length] cm x [Width] cm x [Depth] cm
- **Exudate:** [Amount/Type]
- **Wound Bed:** [% Granulation, % Slough, % Eschar]
- **Periwound:** [Describe skin condition]
- **Pain Level:** [Score/10 during dressing change]

3. Treatment Plan & Recent Interventions

- **Current Dressing Orders:** [Frequency and materials used]
- **Last Dressing Change:** [Date and Time]
- **Cleansing Agent:** [e.g., Normal Saline]
- **Pressure Redistribution:** [e.g., Air mattress, turning schedule]

4. Medications & Nutrition

- **Antibiotics:** [Name, Dose, Frequency, End Date]
- **Pain Management:** [Relevant medications]
- **Nutritional Support:** [e.g., High protein supplements]

5. Recommended Follow-up

The patient requires continued wound monitoring and dressing changes as per the attached orders. Specialist follow-up is scheduled with [Doctor/Clinic Name] on [Date/Time].

Provider Contact Information:

For questions regarding this wound care plan, please contact:
[Nurse/Doctor Name]

[Phone Number]

[Email/Fax]

Sincerely,

[Signature]

[Printed Name and Title]