NATIONAL PRESSURE ULCER ADVISORY PANEL

Pressure Ulcer Scale for Healing (PUSH)

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 X WIDTH (in cm^2)	**0** 0	**1** < 0.3	**2** 0.3 – 0.6	**3** 0.7 – 1.0	**4** 1.1 – 2.0	**5** 2.1 – 3.0	**Sub-score**
		6 3.1 – 4.0	**7** 4.1 – 8.0	**8** 8.1 – 12.0	**9** 12.1 – 24.0	**10** > 24.0	
EXUDATE AMOUNT	**0** None	**1** Light	**2** Moderate	**3** Heavy			**Sub-score**
TISSUE TYPE	**0** Closed	**1** Epithelial Tissue	**2** Granulation Tissue	**3** Slough	**4** Necrotic Tissue		**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 (cm^2). 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).

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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-scores and Total Scores on the Pressure Ulcer Healing Record below.

Pressure Ulcer Healing Record														
Date														
Length x Width														
Exudate Amount														
Tissue Type														
PUSH Total Score														

Graph the PUSH Total Scores 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														

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