

Pressure Ulcer Scale for Healing (PUSH)

tool for monitoring the healing of pressure ulcers

PUSH Tool

Patient name: _____ Patient identification number: _____

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 subscore for each of these ulcer characteristics. Add the subscores 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 × width*	0 0 cm ²	1 Less than 0.3 cm ²	2 0.3 to 0.6 cm ²	3 0.7 to 1.0 cm ²	4 1.1 to 2.0 cm ²	5 2.1 to 3.0 cm ²	
		6 3.1 to 4.0 cm ²	7 4.1 to 8.0 cm ²	8 8.1 to 12.0 cm ²	9 12.1 to 24.0 cm ²	10 More than 24.0 cm ²	
							Subscore _____
Exudate amount†	0 None	1 Light	2 Moderate	3 Heavy			
							Subscore _____
Tissue type‡	0 Closed (wound completely covered with epithelium [new skin])	1 Epithelial (superficial ulcers; new pink or shiny tissue that grows in from the edges or as islands on the ulcer surface)	2 Granulation (pink or beefy-red tissue with a shiny, moist, granular appearance)	3 Slough (yellow or white tissue that adheres to the ulcer bed in strings or thick clumps or that is mucinous)	4 Necrotic (eschar; black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges; may be firmer or softer than surrounding skin)		
							Subscore _____
							Total score _____

*—Measure the greatest length (top to bottom) and the greatest width (side to side) using a centimeter ruler. Multiply these two measures (length × width) to obtain an estimate of surface area in cm². Do not simply guess; always use the same method each time the ulcer is measured.

†—Estimate the amount of exudate (drainage) present after removal of the dressing and before applying a topical agent to the ulcer.

‡—Type of tissue that is present in the wound bed. Score as a 4 if there is any necrotic tissue present, as a 3 if there is any amount of slough present and necrotic tissue is absent, as a 2 if the wound is clean and granulation tissue is present, as a 1 if it is a superficial wound that is reepithelializing, and as a 0 if the wound is closed.

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