

Appendix T: Pressure Ulcer Scale for Healing (PUSH) Tool 3.0

The Pressure Ulcer Scale for Healing tool (PUSH tool), which measures wound size, exudate and tissue type, has recently been validated for diabetic foot ulcer healing by Gardner et al. (2009) and Hon et al. (2010). Gardner et al. (2009) demonstrated that a person with a PUSH score of 10 would be expected to heal in 8.8 weeks versus a PUSH score of four where healing was noted at 2.6 weeks. The tool is provided below.

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 (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).

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													

Note. From "Pressure Ulcer Scale for Healing tool (PUSH tool) 3.0," by National Pressure Ulcer Advisory Panel, 2012. Retrieved from <http://www.npuap.org/wp-content/uploads/2012/02/push3.pdf>. Reprinted with permission