**Referrals to be completed by a Registered Healthcare Professional**

**Incomplete or illegible referrals will result in a delay and will be returned**

**Have you consulted the Wound Management Formulary for advice in the first instance?**

[Wound Management Formulary](https://staffnet.fv.scot.nhs.uk/departments/wp-content/uploads/sites/16/2022/11/Wound-Management-Formulary-2022-final.docx) or Tissue Viability Website [Tissue Viability – Departments A-Z (scot.nhs.uk)](https://staffnet.fv.scot.nhs.uk/departments/tissue-viability/?preview_id=5615&preview_nonce=6fbf4743ed&_thumbnail_id=-1&preview=true) or [NHS Forth Valley – Tissue Viability](https://nhsforthvalley.com/health-services/az-of-services/tissue-viability/)

**\* PLEASE ATTACH WOUND PHOTOGRAPHS AS APPROPRIATE TO THIS REFERRAL (if not available on Morse)**

**SEND FULLY COMPLETED REFERRALS TO*:*** [**fv.tissueviability@nhs.scot**](mailto:fv.tissueviability@nhs.scot)

|  |  |  |
| --- | --- | --- |
| **PATIENT INFORMATION** | | **Date:** |
| **Name:** |  | **D.O.B:** |
| **CHI:** |
| **Address & postcode:** |  | |
| **G.P. Name & Address:** |  | **Consultant:** |

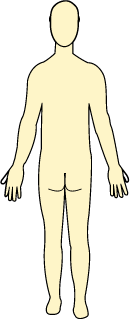
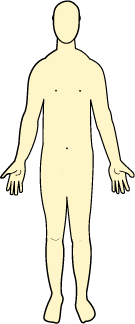
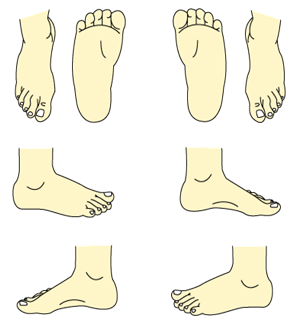
**Referrer’s details or person to contact with regards referral**

|  |  |
| --- | --- |
| **Name:** |  |
| **Contact Number:** |  |
| **Email Address:** |  |
| **Base:** |  |
| **Role:** |  |

|  |  |  |
| --- | --- | --- |
| **Reason For Referral to TVS:** |  | |
| **PMH:**  **- REASON FOR ADMISSION: If an inpatient in acute /community hospital** | | **MEDICATION and any ALLERGIES please list**  **(TVS are unable to access Hepma)** |
| **Is the patient aware of the referral?**  **If no, please state why.** | |  |
| **Any Risk to staff?** | |  |

|  |
| --- |
| **WOUND DETAILS** |
| **WOUND TYPE (e.g. trauma, orthopaedic, surgical wound, dehisced wound, haematoma, skin tear):** |
| **WOUND DURATION?: WEEKS- MONTHS- YEARS-** |

**Anatomical Location:**

**Please mark the position on the body map below**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **WOUND DIMENSIONS** (CM/MM) | | **Length** | | |  | **Width** | |  | | | **Depth** |  |
| **WOUND BED TISSUE**  **Complete in %** | | **Necrosis/black** | | | | **Slough/yellow** | | | | | | |
| **Granulation/red** | | | | **Epithelialising/pink** | | | | | | |
| **Hypergranulation** | | | | **Any undermining tracking?**  **Length/ depth (mm)** | | | | | | |
| **EXUDATE LEVEL**  [**NHS Forth Valley Exudate Pathway**](https://staffnet.fv.scot.nhs.uk/departments/wp-content/uploads/sites/16/2019/03/Exudate-pathway.pdf?rand=h6uy1vo5uvw) | **Saturated/leaking** | | | **Wet** | | | | | **Dry/moist** | | | |
| **EXUDATE TYPE**  [**NHS Forth Valley Exudate Pathway**](https://staffnet.fv.scot.nhs.uk/departments/wp-content/uploads/sites/16/2019/03/Exudate-pathway.pdf?rand=h6uy1vo5uvw) | **Clear/**  **Straw** | | **Red/pink** | **Cloudy/milky/creamy** | | | **Green/yellow/**  **Bluish??** | | | **Yellow/brown** | | |
| **ANY CLINICAL SIGNS OF INFECTION?** | **If yes**  **List them:** | |  | **Has a swab been taken for culture?** | | | **When:** | | | **Result:** | | |
| **PAIN PRESENT? NOCICEPTIVE? OR NEUROPATHIC?** | **Scale: 0 1 2 3 4 5** | | | **Current Pain Management?** | | | | | | | | |
| **NUTRITION:**  **WEIGHT: KG**  **MUST SCORE:**  **BMI:** | | | | **Current Nutrition Management?** | | | | | | | | |
| **MOBILITY :**  **Full:**  **Restricted:**  **Immobile: bed/chair /wheelchair bound**  **any walking aids:** | | | | | | | | | | | | |

|  |
| --- |
| **State present wound treatment regime and how long in use:** |
| **Past wound treatments as applicable:** |
| **What is the patient’s attitude/behaviour towards their current treatment/management?** |

|  |  |
| --- | --- |
| **Any Referrals to Other Services as Applicable?** | **Dates** |
| Orthotics |  |
| OT |  |
| Physio |  |
| Podiatry |  |
| Vascular |  |
| Dermatology |  |
| Other e.g. Dietician, wheelchair service |  |