**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**

|  |  |
| --- | --- |
| **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 |  |