**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/)

[FV Compression Guidance Booklet](https://staffnet.fv.scot.nhs.uk/departments/wp-content/uploads/sites/16/2022/07/Forth-Valley-Compression-Booklet.pdf?rand=p3c784o2lr) **(Wet legs and chronic oedema treatment algorithm)**

**\* 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)

**Patients who are referred for leg ulceration should have had a full Leg ulcer assessment and if appropriate ABPI (ankle brachial pressure index) performed within the last 12 weeks with sounds documented and recorded in referral.**

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

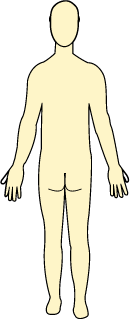
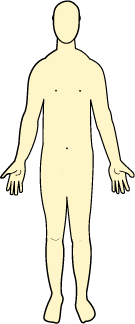
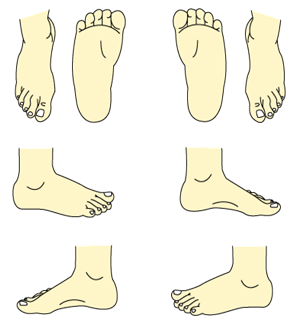
|  |  |
| --- | --- |
| **Name:** |  |
| **Contact Number:** |  |
| **Email Address:** |  |
| **Base:** |  |
| **Role:** |  |

|  |  |  |
| --- | --- | --- |
| **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?** | |  |

|  |  |  |
| --- | --- | --- |
| **How long has the patient had the leg ulcer and or wet leaky legs?**  **NB If a wound has been present on lower limb**  **for more than 2 weeks – it is a leg ulcer** | |  |
| **Left Leg Right Leg** | | |
| **Is this a recurrent ulcer?** | **Yes No** | |

**PLEASE ATTACH A PHOTOGRAPH OF THE WOUND TO REFERRAL (if not on Morse)**

**Anatomical Location:**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **WOUND DIMENSIONS** (CM/MM) | | | **Length** | | |  | | **Width** | | |  | **Depth** | |  |
| **WOUND BED**  **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? NEUROPATHIC?** | **Scale: 0 1 2 3 4 5** | | | | | | **Current Management of pain?** | | | | | | | |
| **NUTRITION:**  **WEIGHT KG**  **MUST SCORE:**  **BMI:** | | | | | | | **Current Management of any nutritional issues?** | | | | | | | |
| **OEDEMA:** | | **Yes No** | | | | | **Pitting**  **Fibrotic** | | | | | | | |
| **SKIN CONDITION**  **Please describe**: | | | | | | | **Current Management of skin condition:** | | | | | | | |
| **MOBILITY:**  **Fully**  **Restricted**  **Immobile/Bedbound** | | | | | | | **Is the patient sleeping in bed at night**  **YES NO**  **Are they elevating legs during day**  **YES NO** | | | | | | | |
| **Any Other Comments:** | | | | | | | | | | | | | | |
| **Please refer to:** [**Forth-Valley-Compression-Booklet.pdf (scot.nhs.uk)**](https://staffnet.fv.scot.nhs.uk/departments/wp-content/uploads/sites/16/2022/07/Forth-Valley-Compression-Booklet.pdf?rand=ulndlh2yfr) | | | | | | | | | | | | | | |
| **Type of Leg ulcer**  **If known: Venous Arterial Mixed** | | | | | | | | | | | | | | |
| **Pedal Pulse palpable: Yes No** | | | | | | | | | | | | | | |
| **Pedal pulse sounds**  **(Monophasic, Biphasic, Triphasic)** | | | | | **Right** | | | | **Left** | | | | | |
| **Brachial** | | | | |  | | | |  | | | | | |
| **Dorsalis Pedis** | | | | |  | | | |  | | | | | |
| **Posterior Tibial** | | | | |  | | | |  | | | | | |
| **ABPI results:**  **Date:** | | | | | **Right** | | | | **Left** | | | | | |
| **Any type of Compression Therapy commenced:**  **Date commenced:**  **Any comments** | | | | | | | | | | | | | | |
| **What is the patient’s attitude/behaviour towards their current/treatment/management?** | | | | | | | | | | | | | | |
| **What previous management or involvement with other Services has there been? (eg specialist hosiery clinic, Lymphoedema)?** | | | | | | | | | | | | | | |