**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**

**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)?** |