**Care Home Tissue Viability Referral Form**

Please note that referrals are reviewed and triaged appropriately Monday to Friday 08:30-16:00, excluding Public Holidays.

Please refer to the Tissue Viability Service specification and Referral criteria before referring. Consult an experienced member of staff/ Wound Management Formulary in the first instance. [NHS Forth Valley – Tissue Viability](https://nhsforthvalley.com/health-services/az-of-services/tissue-viability/)

Referrals should be made by a registered Health care professional.

**INCOMPLETE OR ILEGIBILE REFERRALS WILL RESULT IN A DELAY AND WILL BE RETURNED**

Please fully complete all fields and **attach photo along with referral**. Please ensure Consent for Wound Photography has been granted.

Please fully complete preferably **electronically, if handwritten this must be legible** and email to fv.tissueviability@nhs.scot

|  |  |
| --- | --- |
| Date of referral |  |
| Patient Name |  |
| Patient address/ Care Home |  |
| DOB/ CHI Number |  |
| Date of admission *if applicable* |  |
| Consultant or medical professional *if applicable* |  |
| GP Practice |  |
| Referring clinician area |  |
| Referrer Name  |  |
| Referrer Designation |  |
| Contact Phone Number |  |
| Contact email address |  |
| Reason for referral to Tissue Viability*‘Advice’ is not enough information* |  |
| Is the Patient aware of Tissue Viability referral? *If not why?*  |  |
| Type of wound | Pressure ulcer- Grade 3 or above[Grab your reader’s attention with a great quote from the document or use this space to emphasise a key point. To place this text box anywhere on the page, just drag it.]Leg ulcer[Grab your reader’s attention with a great quote from the document or use this space to emphasise a key point. To place this text box anywhere on the page, just drag it.]Chronic oedema/ wet legs[Grab your reader’s attention with a great quote from the document or use this space to emphasise a key point. To place this text box anywhere on the page, just drag it.]Complex surgical wound[Grab your reader’s attention with a great quote from the document or use this space to emphasise a key point. To place this text box anywhere on the page, just drag it.]Skin issues/ MASD[Grab your reader’s attention with a great quote from the document or use this space to emphasise a key point. To place this text box anywhere on the page, just drag it.]Other: eg Malignant wound/ skin tear[Grab your reader’s attention with a great quote from the document or use this space to emphasise a key point. To place this text box anywhere on the page, just drag it.] |
| If other, *please give details* |  |
| If pressure related: Therapeutic equipment in use? *Please state all* |  |
| Turning regime in place *Please state* |  |
| Nutritional Status: MUST/ BRADEN: BMI: |  |
| Mobility Status |  |
| Continence Status |  |
| If Leg ulcer: *ABPI result, date**If not carried out: why?**In compression- what type?*  |  |
| Cause of Wound |  |
| Duration of wound |  |
| Details of current wound care regime and how long in use?  |  |
| Wound site*If multiple, document all* |   |
| Wound Measurements*If multiple, document all* Tracking/ undermining? | Length (cm):Width (cm):Depth (cm): |
| Tissue- *Describe tissue type in* *percentages- (% necrosis, slough, granulation, epithelialisation)* |  |
| Infection/ Inflammation- *is it present?*  |  |
| Swab result? *If applicable and date* |  |
| Moisture- *What are the exudate levels?*  | Dry/Moist[Grab your reader’s attention with a great quote from the document or use this space to emphasise a key point. To place this text box anywhere on the page, just drag it.]Wet[Grab your reader’s attention with a great quote from the document or use this space to emphasise a key point. To place this text box anywhere on the page, just drag it.]Saturated/ Leaking[Grab your reader’s attention with a great quote from the document or use this space to emphasise a key point. To place this text box anywhere on the page, just drag it.] |
| Describe exudate type/colour |  |
| Edges- *Are the wound edges healthy?*  |  |
| Skin- What is the surrounding skin like?*Describe (Excoriation, erythema, maceration?)* |  |
| Is Pain present? - *Describe* |  |
| Any issues with patient concordance? *Please state* |  |
| Current and Past Medical History |  |
| Medications |  |
| Allergies/ sensitivities |  |
| Other factors affecting wound healing*e.g. medications, continence, mobility, nutrition* |  |
| Are other services involved? *Service and dates (e.g. podiatry, vascular, dermatology. lymphoedema?)* |  |
| Any additional relevant information |  |
| **Please ensure photograph is attached to referral**  |  |