

Incomplete referrals will result in a delay

Tissue Viability – Referral Criteria

Mission statement

The role of the Specialist Tissue Viability team is to empower nursing and medical staff to provide, competent, evidence based practice in the prevention and management of pressure ulcers, leg ulcers and the management of complex wounds. With the aim of improving practice and ensuring patient safety.

Criteria for referral:

- ✓ Patients must be registered with a Berkshire GP or be an inpatient on a Berkshire Healthcare inpatient unit.
- ✓ The service will accept patients of all ages.
- ✓ Access to the service is via a professional that has already assessed the wound.
- ✓ The referral form must be fully complete with all information present, if not it will be returned.
- ✓ Patients who are being referred for leg ulceration must have had a full leg ulcer assessment and if appropriate an ABPI (ankle brachial pressure index) performed within the last 12 weeks with sounds documented this must be attached to the referral form.
- ✓ The referral will be triaged within 2 days, this may be a telephone call to the refer.

Services offered by the Tissue Viability team:

- Assessment of Patients requiring Topical Negative Pressure.
- Assessment of patients requiring larvae therapy.
- Assessment and advice of a wound that is rapidly deteriorating.*
- Assessment and advice of a wound that is failing to respond to treatment despite appropriate management.*
- Assessment and advice for uncontrolled symptoms of a wound, e.g. wound pain, exudate management, infection.*
- Patients with an ABPI (ankle brachial pressure index) between 1.25-1.3
- Patients with normal ABPI but have non-healing ulceration
- Patient's with an ABPI between 0.8-0.6, where health professionals have concerns and need expert assessment and advice.*
- Where patients are subject to safeguarding and expert assessment of pressure ulcers is required
- Fungating wounds with uncontrolled symptoms e.g. bleeding, odour.
- Diabetic patient presenting with ulceration, these patients also need urgent referral to the diabetic podiatrist.*

*** NB Patients who have been identified as having critical ischemia need direct G.P. referral to vascular consultant.**

*** Patients with wounds to feet requiring specialist assessment should be referred to Podiatry**

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Berkshire Healthcare TISSUE VIABILITY CLINICAL NURSE SPECIALIST - REFERRAL FORM

Email: integratedhub@berkshire.nhs.uk

For wounds below the ankle refer to podiatry

Date of Referral: Patient aware of referral (tick) YES <input type="checkbox"/> No <input type="checkbox"/>	Referral Source Community Nurse Team: Hospital and Ward Name: Nursing Home Name: Practice nurse:												
Have you discussed this referral with your wound care Nurse, Clinical Lead or link practitioner Yes <input type="checkbox"/> No <input type="checkbox"/>	Person completing this form CCG: Name:												
Name: Address: Post code:	Email : Referrals Contact number:												
DOB:	GP Surgery:												
NHS NO: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>													Normal days seen (tick as appropriate) Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/>
<u>Practice nurse patients: please add date and times of the next appointments booked.</u> <div style="border: 1px solid black; height: 40px;"></div>													
Allergies <div style="border: 1px solid black; height: 40px;"></div>													

Medical History : <div style="border: 1px solid black; height: 40px;"></div>				
Is the patient known to have :- <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; padding: 5px;">MRSA</td> <td style="width: 25%; border: 1px solid black; padding: 5px;">Ecoli</td> <td style="width: 25%; border: 1px solid black; padding: 5px;">VRE</td> <td style="width: 25%; border: 1px solid black; padding: 5px;">Cdiff</td> </tr> </table>	MRSA	Ecoli	VRE	Cdiff
MRSA	Ecoli	VRE	Cdiff	

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Reason for referral (refer to tissue viability referral criteria)

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Site of wound/s	Duration of wound
Waterlow Score: Date:	MUST: Date:
Pressure Ulcer Category (please tick)	Leg Ulcer – Venous / Arterial / Mixed
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Date:
Developed : <input type="checkbox"/>	Attach leg ulcer assessment form
Inherited: <input type="checkbox"/>	ABPI
Where from:	Left Leg: Right Leg:
Type of Mattress:	Pulse sounds
Date:	Left Leg Right Leg
Type of Cushion:	Type of Compression Therapy:
Date:	Date commenced

Factors effecting healing: please tick:				
Diabetes	Heart Disease	Anaemia	Dementia	Renal Disease
Other:				
Bloods (taken in last 2 months)				
HbA1c	FBC	Glucose		
Is patient choice paper work completed if appropriate:				
Currently on –				

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Antibiotic:

Steroids:

Dressing used

Please attach a current photograph to your referral or upload to RiO