**COMMUNITY**

**NEGATIVE PRESSURE WOUND THERAPY (NPWT) REFERRAL FORM**

**COMPLETE FORM OVERLEAF, AND DISCHARGE TO:**

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| **BRISTOL**,**SOUTH GLOUCESTERSHIRE**,OR **NORTH SOMERSET:** | **BATH** AND**NORTH-EAST SOMERSET:** | **SOMERSET:** | **WILTSHIRE:** |
| **Ring** Single Point of Referral (SPA) line on 0300 125 6789 (TOP TIP for quick response: select option 1 (*HCP*), then option 2 (*secondary care*), then option 1 (*regardless of when visit required*)). They will triage referral out to community nurses | **Ring** to check capacity with District Nurses & TVNvia CCC on 0300 247 0200 | **Ring** to check capacity withDistrict Nurses on0300 124 5601 | **Ring** to refer to the District Nursing team on0300 111 5818(option 3) |
| **Email** this referral form to:sirona.wcs@nhs.net(áWound Care Service)**AND to relevant area SPA:**sirch.bristolspa@nhs.net (áBristol)sirch.southglosspa@nhs.net (áS.Glos)sirch.northsomersetspa@nhs.net(áN.Somerset) | **Email** this referral form to:vcl.bathnestissueviability@nhs.net**AND**bathnesccc.referrals@nhs.net | Email this referral form to:TVN@somersetft.nhs.uk**AND** SPAsedgemoor@somersetft.nhs.uk | **Email** this referral form to:WHC.tissueviability@nhs.netCall 01225 711351 with any further enquiries  |

**PLEASE ENSURE:**

The patient MUST be sent home with:

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| 2 x NPWT foam packs | [ ]  |
| 2 wound bed liners (if applicable) | [ ]  |
| 2 x NPWT canisters | [ ]  |
| 1 x conventional dressingBlack box for pump and charging lead | [ ] [ ]  |
| SPA contact number: 0300 125 6789 | [ ]  |
| KCI 24-hr helpline: 0800 980 8880 | [ ]  |
| Basic information on VAC pump, eg ON/OFF, alarms, etc | [ ]  |

It is preferable **not** to have the first visit arranged on a weekend.

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| Pump Unit ATV No: (must be provided) Click here to enter text. |
| Please tick one of the boxes below to confirm who will be providing NPWT management on discharge from acute hospital.This is to facilitate the community knowing that there is a VAC in the community, even if they are not delivering the NPWT dressing changes. If discharged under NHS@home or an outpatient clinic initially, an updated referral will need to be sent to the community/ district nurse team and Tissue Viability/ Wound Care Service (see details above) if the community/ district nursing team needs to take over the NPWT changes, so they know the current number of foam pieces in the wound, and the wound management plan.

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| **NHS@home** [ ] Patient will receive NPWT dressing changes by NHS@Home.Pls also refer patient to NHS@home service. | **Outpatient clinic** [ ] NPWT dressing changes at plastics dressing clinic, burns (hospital based) clinic etc |  **Community/ District Nursing Team** [ ] Patient will need NPWT dressing changes by the community/ district nursing team following discharge.Date of 1st community visit: DD/MM/YYYY |

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| Patient name: | Date of referral: Planned date of discharge: |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Address:Click here to enter text. | GP name/ address:Click here to enter text. |
| Telephone number for patient: |
| Click here to enter text. |
| Date of birth: Click here to enter a date. | Referrer:Click here to enter text. |
| Ethnicity: | Ward: |
| Click here to enter text. | Click here to enter text. |
| NHS number: | Telephone no: |
| Click here to enter text. | Click here to enter text. |
| Consultant: |
| Click here to enter text. |
| Date of admission to hospital: | Date of admission to current ward: |
| Click here to enter a date. | Click here to enter a date. |

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| **Surgical procedure undertaken:** Click here to enter text.**Any post-operative complications:** Click here to enter text.**Type and location of wound:** Click here to enter text.**Date NPWT commenced:** Click here to enter text. |
| **Has the patient been assessed by a Tissue Viability Nurse (TVN) or similar?****Yes**  [ ]  **No**  [ ]  |
| **Measurements of wound at time of referral:**Please include length, width and depth and undermining measurements.**Length**:- **Width**:- **Depth**:-**Undermining or tunnelling**:-**Any additional information** (eg tissue type):- |
|  |
| Details of NPWT dressing currently: Foam [ ]  Other [ ]  |
| How many pieces of foam have been inserted into the wound?: |
| How many pieces of foam have been used to bridge?: |
| Is a liner being used? Yes [ ]  No [ ]  |
| PLEASE NOTE THE PATIENT WILL NOT BE ACCEPTED IF THE AMOUNT OF FOAM USED HAS NOT BEEN RECORDED. |