**Sirona Wound Care Service Referral Form**

For Practice nurses/ GP’s/ allied health care professionals/ nursing homes (and community nurses if patient not on Healthy io app)

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| **Clear wound photography is essential to process your referral.** **Where possible please type your referral details rather than hand write.** **PLEASE DO NOT ATTACH A COPY OF THE PATIENTS EMIS RECORDS TO YOUR REFERRAL, WE CAN ACCESS THIS VIA EMIS SHARED RECORDS.**  |
| **Patient Details** |
| NameNHS numberDate of birth Address |  |
| Is a joint visit/ assessment required? |  |
| **Referrers Details** |
| Referrers name |  |
| Job role and team/ workplace |  |
| Direct contact number |  |
| Email Address |  |
| Who should we contact in your absence? *Include name and contact details* |  |
| **Referral Details – Please note, the Wound Care Service is not at urgent service** |
| ***Foot wounds*** *in the presence of* ***Diabetes*** *must be referred to the Sirona Podiatry Service.**Concerns related to* ***limb ischaemia*** *or* ***peripheral arterial disease (PAD)*** *must be urgently escalated to Vascular via referapatient.org or by calling NBT switchboard on 0117 9505050 – ask to speak to the on call vascular registrar.**Concerns regarding spreading or systemic infection should be escalated to the GP or 999 if a medical emergency e.g. Sepsis.* *Guidance on the management of wounds/ leg ulcers can be found:*[*https://remedy.bnssg.icb.nhs.uk/adults/dermatology/tissue-viabilitywound-care-service/*](https://remedy.bnssg.icb.nhs.uk/adults/dermatology/tissue-viabilitywound-care-service/) |
| Where is the wound? What would you like us to advise or support you with? *Please be clear about the advice required* |  |
| Significant Past Medical History and Specialist InvolvementWhat is the origin of the wound and how long has it been present? |  |
| Tissue type*Please add percentages to make up to a total of 100%* | Granulating:Sloughy:Necrotic:Epithelialising:Overgranulating:Tunnelling/Undermining:Other tissue types: |
| Wound measurements *Please provide measurement in centimetres* | Length: Width: Depth:  |
| Infection/Bacteria*Please describe concerns/wound swabs/antibiotic therapy* |  |
| Exudate  | Type:Colour:Volume:Odour: |
| How often are you team reviewing the wound? |  |
| What dressing regimes have you already tried? |  |
| Allergies/Sensitivity to wound dressings. What reaction was experienced? |  |
| Doppler history/results *If you have access, please check Connecting Care for ABPI/TBPI in radiology results* |  |
| **Leg ulcers only, if not already in compression** – has your patient been assessed for the [Immediate care for a patient with oedema, lymphorrhoea and/or wound on the lower limb (see page 2/3)](https://remedy.bnssg.icb.nhs.uk/media/4unfa5gv/sirona-lower-limb-and-compression-therapy-pathway-feb-2025.pdf)*.* If not, please arrange completion |  |
| **Pressure Injury Prevention** (Complete the following for pressure injury/prevention referrals) |
| Skin condition/Pressure injuries *(details of any skin damage, including location)*: |  |
| Surface and Equipment *(details of current pressure reliving equipment in use)*: |  |
| Keep Moving *(details of current repositioning regime)*: |  |
| Incontinence/Skin hygiene *(details of incontinence status, moisture prevention and hygiene products in use)*: |  |
| Nutrition, Hydration and MUST *(details of nutritional intake including any supplements)*: |  |
| Weight: kg Height: cmWaterlow score or PURPOSE T colour: Date last completed: / / MUST Score: Date last assessed: / /  |  |