

Wound Care Referrals

Wound Healing and Pressure Ulcer Prevention Program



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ST. MICHAEL'S HOSPITAL
A teaching hospital affiliated with the University of Toronto

The Interdisciplinary Wound Care Team provides consultative services to assist in the management of inpatients experiencing complex wound problems.

How:

- The Wound Care referral form must be **fully completed by a health professional**, signed and **FAXED** to 416-864-5107.
- **NO** phone, page or verbal referrals will be accepted.
- A **written medical order** for the consult must be present in the chart.

Who:

- Please refer inpatients with complex open wounds requiring advanced level assessment.
- Wounds **must first be visualized by the referring health**

professional to ensure appropriateness for referral.

- Referred pressure wounds should be Stage 3, 4, unstageable necrotic or suspected deep tissue injury (SDTI).
 - (Nursing staff are educated to manage Stages 1 and 2).
 - If you are unsure about the stage, please see the Pressure Ulcer Prevention Guideline Poster, located in the nursing unit, for details and descriptions.
- Non-admitted patients in the emergency unit requiring a wound consult should be referred to the plastic surgery resident on call.
- The chiropody division of the Wound Care Team is primarily focused on wound care of the foot and ankle and is unable to accommodate nail care referrals.

When:

- We regret that we are unable to accommodate referrals for same day discharge home.
- The Wound Care Team tries to see referred patients within two business days. For emergent or urgent cases on holidays, weekends or after hours, please page the plastic surgery resident on call.



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Addressograph

WOUND CARE TEAM IN-PATIENT REFERRALS

FAX TO: (416) 864-5107

Note: Incomplete referrals will not be accepted

Date: _____ Unit: _____ Contact number: _____

Physician: _____

Admitting Diagnosis: _____

Urgency of Referral:

Emergent (PAGE PLASTIC SURGERY RESIDENT ON CALL)

Routine (within 2 business days)

WOUND ETIOLOGY (Mandatory)

Pressure ulcer

– Please circle STAGE: I, II, III, IV, N, Suspected Deep Tissue Injury

Venous Leg ulcer

Leg ulcer (other)

Surgical site

Diabetic Foot Ulcer

Carcinoma

Trauma

Other (please specify) _____

LOCATION AND SIZE OF WOUND(s): (Mandatory)

**** Dressings must be removed and ASSESSED by the person making the referral ****

Braden Scale Score _____ (current)

Description of problem:

Current wound treatment:

Investigations ordered:

Duplex Scan

CT/MRI Scan

Wound cultures

ABI

Toe Pressures

Tcp02

X-ray

Referral written by: _____