**Department of Tissue Viability - e-clinic - Primary Care Referral**

[gram.tissueviability@nhs.scot](mailto:gram.tissueviability@nhs.scot) for all primary care inpatients/CH/NH/DN/PN [gram.tissueviabilityacute@nhs.scot](mailto:gram.tissueviabilityacute@nhs.scot) for all acute hospital in-patients, NHS Orkney/Shetland

1. Ensure correct referral route, refer to [Wound Referral Guide](http://nhsgintranet.grampian.scot.nhs.uk/depts/TissueViability/Pages/default.aspx).
2. Follow [9 Step Wound Assessment](http://nhsgintranet.grampian.scot.nhs.uk/depts/TissueViability/Tissue%20Viability%20Documents/9SWAT%20V8%20Nov%202020.pdf), and complete form below with findings.
3. If wound is a pressure ulcer, review all pressure relief requirements immediately, think SSKIN.
4. Dressing guidance is available from [First Choice Dressing Guide](http://guidance.nhsg.grampian.scot.nhs.uk/sites/Grampian_Guidance/Pages/Wound%20Management%20-%20First%20Choice%20Wound%20Guide.aspx).
5. [Obtain consent for images](http://guidance.nhsg.grampian.scot.nhs.uk/sites/Grampian_Guidance/Pages/Medical%20Photography%20-%20Consent%20Form.aspx) and store within patients healthcare records.
6. Include 2 images minimum – **one close up and one showing the wound and surrounding skin**.
7. Complete below form electronically, where possible

This referral will be reviewed by a member of the Department of Tissue Viability and a response emailed **within** **2 working days for acute and up to 10 working days for non-priority primary care referrals**.

**Acknowledgement of Liability**

Use of the NHS Grampian e-Clinic is subject to the following terms and conditions.  
You must read and agree to the terms and conditions before referring the patient for case review.

This service aims to provide support to healthcare practitioners who are faced with the management of wounds healing by secondary intention.  
It is the responsibility of the nurses/doctor treating the patient to plan and implement care and the advice provided by the department of Tissue Viability does not constitute a plan of care.  Nor does the advice absolve the health care practitioner of their professional responsibility to the patient.

I have read and understood the terms and conditions of use and agree to be bound by them. X

|  |  |
| --- | --- |
| **Patient Name:** | **CHI:** |
| **Referrer’s Name**: | **Contact number:** |
| **Referring Clinical location:** | |

|  |  |  |  |
| --- | --- | --- | --- |
| Wound site/location |  | | |
| Type | Select - pressure ulcer / surgical / leg ulcer / trauma  other - please detail | | |
| Size |  | | |
| Duration of wound |  | | |
| Is the patient under the care of another specialty? | (Check on SCI store/TrakCare e.g. Vascular, Dermatology, Plastic surgery or Podiatry) | | |
| Previously referred to Tissue Viability | Yes / No  Date: | | |
| Deterioration/improvement? | If deterioration give details: | | |
| Allergies |  | | |
| Relevant Blood Results | Date obtained: | | |
| Leg ulcer - ABPI is mandatory | ABPI to be obtained within last 3 months, ensure [Lower Leg Ulcers Pathway](http://guidance.nhsg.grampian.scot.nhs.uk/sites/Grampian_Guidance/Pages/Lower%20Leg%20Ulcers.aspx) has been followed  Result & Date: | | |
| Mobility/aids used |  | | |
| Pressure ulcer risk |  | Time up sitting |  |
| MUST/Nutrition intake |  | Incontinence |  |
| Mattress/Cushion/heel protection | if supplied specify make and model: | | |
| Relevant history | include PMH and other relevant information: | | |
| Current dressings and wound care |  | | |
| Previous dressings | include dates, be specific if antimicrobials have been used within last 3/12 | | |

TV to paste above section into ECCI letter then to complete below and attach

|  |  |
| --- | --- |
| **Section below to be completed by Tissue Viability** | |
| **Comments or discussion:** |  |
| **Recommendations:** |  |
| Other information, suggestions or referrals: |  |