

Please send the completed form to one of the following email addresses:

gram.tissueviability@nhs.scot for all primary care referrals (including care/nursing homes, community/practice nurses)

gram.tissueviabilityacute@nhs.scot for all acute hospital in-patients and NHS Orkney/Shetland

If you do not have access to the NHS Grampian intranet, all documents can be found on [HiNet](#)

- Please review the following steps prior to completing this referral form:
1. Ensure correct referral route/clinician, refer to [Wound Referral Guide](#)
 2. Follow [9 Step Wound Assessment](#), and complete form below with findings.
 3. If wound is a pressure ulcer, review all pressure relief requirements immediately, think SSKIN.
 4. Initial dressing guidance is available from [First Choice Dressing Guide](#)
 5. [Obtain consent for images](#) - store within patient's healthcare records - **tick below level of consent obtained:**
- ☐ All levels☐ Level 1☐ Level 2a☐ Level 2b☐ Level 3
6. Include 2 images minimum – **one close up and one from a distance showing the wound and surrounding area.**
 7. Complete below form electronically, where possible
 8. 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** to the email address this referral was sent from; it will also be available via Trakcare/SCI store.

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 HCW treating the patient to plan and implement care, 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.

By completing this form, I confirm I have read and understood the terms and conditions of use and agree to be bound by them.

Patient Name

CHI Number

Referrer's Name

Referrer's Contact Number

Referrer's Clinical Location

PLEASE COMPLETE BOTH PAGES

Wound site/location

Size of wound

Duration of wound

Wound type

☐ Pressure ulcer☐ Surgical Wound☐ Leg Ulcer☐ Trauma

☐ Other – please detail:

Version – 7	Title – Tissue Viability - eClinic Referral Form	Department – Tissue Viability	FINAL
Creator – Tissue Viability Team	Lead – Sandra Stringfellow	Last Review – 06 December 2022	Next Review – 06 December 2024

Is the patient under the care of another specialty?
(e.g. Vascular, Dermatology, Plastic Surgery or Podiatry)

Has patient previously been referred to Tissue Viability?

☐ No

☐ Yes – date of referral:

Has there been deterioration or improvement in the wound? – give details

Relevant history
(include past medical history and relevant information)

Allergies

Relevant blood test results
(please give date and result)

For patients with leg ulcer, ABPI is mandatory
(please give date and result)

ABPI to be obtained within the last 3 months, ensure [Lower Leg Ulcers Pathway](#) has been followed

Mobility/aids used

Pressure ulcer risk

Time spent up sitting

MUST/Nutrition intake

Incontinence

Mattress, cushion or heel protection (if supplied, specify make and model)

Current dressings and wound care

Previous dressings
(include dates and advise if antimicrobials have been used in the last 3 months)

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