| **E:\Users\User\Documents\File at Work\2021 RWV Handover to Sally\RWV 2020 HD Cropped Loddon Mallee.jpg**  **Referral for Clinical Advice**  For eligibility and referral guidelines see:  [www.regionalwoundsvictoria.com/loddon-mallee](http://www.regionalwoundsvictoria.com/loddon-mallee) | | | | | | | | | | UR No: (Of Referring Service):  Surname:       Given Names:  DOB:       Sex:  Address:  USE LABEL IF AVAILABLE | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I** | Client’s Phone: | | | | | | | | | | | | | | | | | |
| NOK Name:       NOK Phone: | | | | | | | | | | | | | | | | | |
| Client resides:  In residential care OR  At home with: | | | | | | | | | | | | | | | | | |
| Date | | |  | | | | | | | | | | | | | | |
| Referring Service | | | Type:  District Nursing  Residential Aged Care (all high level care residents not routinely cared for by PCW) | | | | | | | | | | | | | | |
| Health Service:       Department: | | | | | | | | | | | | | | |
| Referring Nurse | | | Name:       Designation: | | | | | | | | | | | | | | |
| Phone:       Work Email: | | | | | | | | | | | | | | |
| Usual GP | | | Name:       Phone: | | | | | | | | | | | | | | |
| Clinic:       Fax: | | | | | | | | | | | | | | |
| **S** | Woun**d** | | | Location on body: | | | | | | | | | | | | | | |
|  | | | Aetiology / Type: | | | | | | | | | | | | | | |
| Issues | | | | | | | | | | | | | | | | | |
| Client’ Wound-Related Symptoms | | | | | | | | | | | | | | | | | |
| Wound-related pain | | | | | | Financial impact of wound | | | | | | | | | | | |
| Exudate leakage | | | | | | Stress / worry | | | | | | | | | | | |
| Malodour | | | | | | Effect on self care / lifestyle / social life | | | | | | | | | | | |
| Other / details: | | | | | |  | | | | | | | | | | | |
| Wound Related | | | | | | | | | | | | T: Non-viable tissue e.g. slough/ necrosis | | | | | |
| Aetiology unclear | | | | | | | | | | | | I: Wound infection | | | | | |
| Oedema not well controlled | | | | | | | | | | | | I: Osteomyelitis suspected | | | | | |
| Comorbidities poorly managed | | | | | | | | | | | | M: Maceration / excoriation of periwound | | | | | |
| Lower limb hyperkeratosis / scales, eczema / rash | | | | | | | | | | | | M: Leaking / saturated dressings | | | | | |
| Dressings become dislodged | | | | | | | | | | | | E: Not at least 10% smaller than previous week | | | | | |
| T: Foreign body suspected / seen | | | | | | | | | | | | E: Edges unhealthy (rolled / undermined / callus) | | | | | |
| Other /Details: | | | | | | | | | | | | | | | | | |
| Service Related | | | | | | | | | | | | | | | | | |
| Care coordination & concordence: Client / family & all staff unable to agree on an appropriate care plan | | | | | | | | | | | | | | | | | |
| Financial: Current care plan not financially sustainable | | | | | | | | | | | | | | | | | |
| Education: Staff require specific education to manage this client effectively | | | | | | | | | | | | | | | | | |
| **B** | AllergiesInc. topical products & dressings | | | Medical /Surgical History: See summary attached  or record below: | | | | | | | | Medications See summary / chart attached Or list below: | | | | | Functional status | |
| Mobility: | |
| Cognition: | |
| Communication: | |
| **B**  (cont…) | Wound History: | | | | | | | | | | | | | | | | | |
| When did it first occur? | | | | | | How did it first occur? | | | | | | | | | | | |
| Client’s understanding: Why does the client or carer/ family think the wound isn’t healing normally? (ask them) | | | | | | | | | | | | | | | | | |
| If lower limb wound: | | | | | | | | | | | | | | | | | |
| History of any compression therapy: | | | | | | | | | | | | | | | | | |
| Brief summary of vascular status (if investigations performed): | | | | | | | | | | | | | | | | | |
| If pressure injury 🡪 describe pressure management plan: | | | | | | | | | | | | | | | | | |
| In bed: | | | | | | | In chair: | | | | | | | | | | |
| Current Dressing Regimen: | | | | | | | | | | | | | | | | | |
| Frequency: | | | |  | | | | | | | | | | | | | |
| Analgesia Prior: | | | |  | | | | | | | | | | | | | |
| Cleansing: | | Wound | | Solution type:       Soak:       mins | | | | | | | | | | | | | |
|  | | Periwound | | Solution type: | | | | | | | | | | | | | |
|  | | Region | | E.g whole lower leg / buttocks: | | | | | | | | | | | | | |
|  | | If showered 🡪 what happens to the dressing during showering? | | | | | | | | | | | | | | | |
| Debridement: | | | | Autolytic (moist wound dressings) | | | | | | | | | Other: | | | | None (kept dry) |
| Primary dressing | | | |  | | | | | | | | | | | | | |
| Secondary dressing | | | |  | | | | | | | | | | | | | |
| Fixation | | | |  | | | | | | | | | | | | | |
| Compression | | | |  | | | | | | | | | | | | | |
| Offloading | | | |  | | | | | | | | | | | | | |
| Other services already, or previously involved: | | | | | | | | | | | | | | | | | |
| GP Clinic Nurse: | | | | | | | | | | Bendigo Health JLRU Wound Clinic | | | | | | | |
| Podiatrist: | | | | | | | | | | Bendigo Wound Management (Andrea Minnis’ private service) | | | | | | | |
| HRFC: | | | | | | | | | | BH Acute CNC (recent admission) | | | | | | | |
| Lymphoedema Clinic: | | | | | | | | | | Vascular Surgeon | | | | | | | |
| OT: | | | | | | | | | | Plastic Surgeon | | | | | | | |
| Dietitian: | | | | | | | | | | Dermatologist | | | | | | | |
| Diabetes Educator: | | | | | | | | | | Other: | | | | | | | |
| Continence Consultant: | | | | | | | | | | Other: | | | | | | | |
| **A** | Please forward with this referral: | | | | | | | | | | | | | | | | | |
| **Copy of latest wound assessment** | | | | | | | | | | | | | | | | | |
| **3 x Photographs** – must be current (less than 7 days old) | | | | | | | | | | | | | | | | | |
|  | Close up of wound | | | | Dressing after removal showing exudate | | | | | | | | | | Wider area (eg. entire lower limb) | | |
| **Investigation results** (any relavent available – may need to obtain copies from GP practice) | | | | | | | | | | | | | | | | | |
|  | Arterial Duplex Ultrasound | | | | | | | Bloods | | | | | | Biopsy: M& C / Histology | | | |
|  | Venous Duplex Ultrasound | | | | | | | Wound Swab- M&C | | | | | | Neurovascular assessment / ABPI / TP | | | |
|  | Plain X-ray | | | | | | | MRI | | | | | | Other / Details: | | | |
| **R** | Request: *nb: The role of RWV is to build capacity in your service, not to assess, manage and direct the care on an ongoing basis.* | | | | | | | | | | | | | | | | | |
| Education/support to: | | | | | | | | | | | | | | | | | |
| identify/ confirm likely wound aetiology and options for treatment | | | | | | | | | | | | | | | | | |
| negotiate a treatment plan that the client, nurses and other clinicians agree to | | | | | | | | | | | | | | | | | |
| teach other staff about this person’s wound and rationale for management | | | | | | | | | | | | | | | | | |
| develop appropriate debridement / wound hygiene plan | | | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | | |
| Please forward this referral and attached documents / photos to Bendigo Health Referral Centre by:   * Email: [referralcentre@bendigohealth.org.au](mailto:referralcentre@bendigohealth.org.au) * OR Fax: (03) 5454 7099. Photos must not be faxed. Email photos to [referralcentre@bendigohealth.org.au](mailto:referralcentre@bendigohealth.org.au) * Bendigo Health referral centre will create a medical record for this client and forward referral to the RWV Loddon Mallee CNC who will contact the referring nurse to discuss initial management and followup via phone, video conference or site visit as appropriate. | | | | | | | | | | | | | | | | | | |