Referrals to the Tissue Viability Service

Referrals should be made via voicemail **ONLY** to ext 6157 unless deemed to be urgent.

Patients will be seen within 3 working days of the referral being received.

**N.B. Completing a DATIX is NOT a referral to the Tissue Viability Nurse**

**Routine Referral Criteria - phone ext. 6157 ONLY**

**For patients with pressure ulcers**
- Patients who have developed a category 2 pressure ulcer in CRHFT
- The pressure ulcer is deteriorating or difficult to manage

**For patients with diabetic foot ulcers**
- Co-ordinate care with Diabetic Foot Clinic if the patient is known to them

**For patients with surgical wounds (in conjunction with the appropriate surgical team)**
- Progress to healing requires VAC therapy
- Progress is delayed or is affecting patient quality of life

**For patients who are receiving or require advanced therapy. (E.g. V.A.C. or larvae therapy)**
- Assessment of need/appropriateness or Assessment of progress and review of outcome

**For patients with malignant fungating wounds**
- To review treatment options to maintain symptom control

**For patients with leg ulcers ALWAYS CONTACT THE District Nurse to check the current management plan before referral to a TVN:**

Refer only IF:
- Patients require compression bandaging (n.b. if patients are admitted with compression bandaging insitu these should be removed on admission in order to perform a skin assessment & details obtained from the relevant district nursing team before referral to TVN). In the interim period a wool and k-lite bandage can be applied. See urgent referral criteria below for infected leg ulcers.

**Urgent Referral Criteria – Bleep 928**

- The wound is a grade 3 or 4 pressure ulcer (regardless of where acquired)
- For any patient with a wound (any aetiology) where infection, exudate, pain, odour or necrotic tissue is a management problem
- Where safeguarding issues may require evaluation
- The patient is attending an outpatient clinic
- The patient is in theatre

Date Issued: June 2016                        Review Date: June 2017
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