

REFERRAL FORM - VENOUS STASIS / ARTERIAL / DIABETIC FOOT WOUNDS

**Saskatchewan Lower Extremity Wound Pathway**

To: \_\_\_\_\_

Fax#: \_\_\_\_\_

FAX TO LOCAL HOME CARE AND TO VASCULAR SPECIALIST IF NEEDED

Patient name:	
Address:	
DOB:	HSN:
Age:	Treaty:
Phone:(h)	(w)

PERTINENT MEDICAL HISTORY: please attach any relevant documents

- |  |   |   |                     |
|--|---|---|---------------------|
| <input type="checkbox"/> diabetes                    | <input type="checkbox"/> CKD stage ____ | <input type="checkbox"/> heart failure                  | <b>Medications:</b> |
| <input type="checkbox"/> peripheral arterial disease | <input type="checkbox"/> obesity        | <input type="checkbox"/> varicose veins or previous DVT |                     |
| <input type="checkbox"/> CAD                         | <input type="checkbox"/> smoker         |   |                     |
| <input type="checkbox"/> hypertension                | <input type="checkbox"/> other:         | <b>Allergies:</b>                                       |                     |

ULCER CHARACTERISTICS:

**NOTE: Red flags for urgent specialist referral include: severe/ limb-threatening infection, gangrene, acute ischemia**

Location:	<input type="checkbox"/> Proximal to medial malleolus	<input type="checkbox"/> Over bony prominence on the lower leg/ foot
Skin and wound appearance:	<input type="checkbox"/> Shallow wound, irregular border <input type="checkbox"/> Surrounding skin edema/induration <input type="checkbox"/> Stasis dermatitis <input type="checkbox"/> Skin hyperpigmentation of lower leg	<input type="checkbox"/> Punched out/deeper wound, well-defined border <input type="checkbox"/> Surrounding skin atrophic, shiny, dry <input type="checkbox"/> Dystrophic nails, absent toe hair <input type="checkbox"/> Foot deformity
Circulation & sensation:	<input type="checkbox"/> Pedal pulses present <input type="checkbox"/> No signs of neuropathy	<input type="checkbox"/> Poor capillary refill <input type="checkbox"/> Pedal pulses weak/absent <input type="checkbox"/> Loss of sensation to 10g monofilament or perception of 128Hz tuning fork at big toe <input type="checkbox"/> Patient report of neuropathic pain <input type="checkbox"/> Patient report of claudication/ ischemic type pain <input type="checkbox"/> Signs of intrinsic foot muscle weakness
Size of wound:	<input type="checkbox"/> previous ulcer	<input type="checkbox"/> previous amputation
Duration of this ulcer:	Initiating event:	

PROBABLE ETIOLOGY:  Venous  Arterial  Diabetic (neuro-ischemic)  Mixed  Uncertain

**Signs of infection (if any): 2 or more signs of severe infection indicate urgent specialist referral**

Mild – moderate	<input type="checkbox"/> purulent exudate <input type="checkbox"/> skin erythema <2cm surrounding ulcer
Severe	<input type="checkbox"/> systemic signs/toxicity <input type="checkbox"/> cellulitis (skin erythema >2cm surrounding ulcer) <input type="checkbox"/> gangrene <input type="checkbox"/> foul odor <input type="checkbox"/> deep tissue involvement (bone, joint, abscess) <input type="checkbox"/> increasing pain

**Recent lab tests:**  A1C \_\_\_\_\_  Creatinine \_\_\_\_\_  eGFR \_\_\_\_\_

**Treatment to date:**

TRIAGE DECISION:

- URGENT REFERRAL (red flags) – send patient to ER, or page on-call vascular surgeon and fax this form**
- NON-URGENT REFERRAL to home care** for treatment according to pathway protocols (*home care nurse may order a wound swab in referring physician / NP name if required*) – **fax this form to nearest home care team**
- NON-URGENT REFERRAL for vascular assessment** of diabetic foot ulcer – **fax this form to vascular specialist.** Non-urgent diabetic foot ulcers should also be referred to home care for initiation of treatment.

PHYSICIAN/RN-NP NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_