

Referral Request

Attn: Treatment Center P: 541-667-3680 F: 541-303-8875 Email: <u>txreferrals@gshealth.org</u>

Wound Care Referral

Patient Name:	_DOB:
Diagnosis:	_ICD-10 Code:

Wound Care Referral Type Please check one option below.

Evaluate and Treat. Wound assessment and treatment will be transitioned to Dr. Stenstrom the Medical Director of the Treatment Center. Evaluation and management of wounds will be performed by the wound care team under the supervision of the Director. This includes but is not limited to the following:

- a. Diagnosis of wound etiology
- b. Imaging and labs for differential diagnosis and/or rule out osteomyelitis
- c. Referrals to other providers related to etiology of the wound
- d. Antibiotic management for wound healing
- e. Treatment Plan/Care Orders:
 - I. Assess & adjust wound care dressings.
 - II. Sharp debridement by certified wound care nurse as needed.
 - III. Topical Lidocaine 4% as needed to control pain with dressing change
 - IV. Swab Wound Culture if indicated.
 - v. Silver nitrate sticks for minor bleeding, hypertrophic granulation tissue
 - vi. Enzymatic debridement (i.e. Santyl)
 - VII. Cleanse wound with saline and or wound cleanser of choice
 - VIII. Apply compression as indicated
- IX. Apply advanced wound dressings to: promote moist wound healing, control drainage, and decrease bioburden using the following categories of dressings: gel, honey, alginate, hydrofiber, foam, antimicrobial agents, hydrocolloid, collagen, other specialty absorptives
- x. Negative pressure wound therapy
- XI. Obtain Rx for appropriate wound care supplies and teach Pt/Caregiver wound care and dressing changes
- xII. Dressing change frequency as needed to control exudate

f. Updates on wound progress and care plans will be provided when requested by the referring provider

Wound care. Specific wound care treatment orders will be provided by the ordering physician. All will be directed by the referring provider.

Orders:

Referring Provider Signature:	Date:
Provider's printed name:	
*PA's require a co-signature	
Co-signature:	
Provider's printed name:	