

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Wound Management Referrals
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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	SESLHD Clinical Stream Director Surgery, Perioperative and Anaesthetics
AUTHOR	SESLHD Wound Management Committee
POSITION RESPONSIBLE FOR THE DOCUMENT	SESLHD Clinical Stream Nurse Manager Surgery, Perioperative and Anaesthetics
FUNCTIONAL GROUP(S)	Surgery, Perioperative and Anaesthetics
KEY TERMS	Wound CNC, Wound Referral, Wound Management,
SUMMARY	This procedure outlines and guides clinicians to appropriately refer a patient for a wound assessment and management consultation as part of the multi-disciplinary team management. It provides a flowchart to refer to Wound Care Experts

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

This procedure outlines the consistent process of how and when to escalate wound care patients for Wound Care Experts (WCE) review. A systemic wound care review is essential to ensure best outcome for patients with wounds¹. A multidisciplinary team approach is required with appropriate referral to WCEs as out lined in this procedure¹. Appropriately referring patients to WCEs in a timely manner facilitates optimum patient outcomes and use of LHD resources.

This Procedure should be used in conjunction with the [SESLHD Wound Care policies and procedures](#).

2. BACKGROUND

Wound Care Experts (WCE) are a valuable part of the multidisciplinary team. They are necessary in the provision of appropriate clinical management of patients with acute or chronic/non-healing or palliative wounds¹. WCEs are consulted for inpatients and community based patients.

3. DEFINITIONS

Acute Wound (healing)	An acute wound is any surgical wound that heals by primary intention or any traumatic or surgical wound that heals by secondary intention, and which progresses through the healing process (reaction, regeneration and remodelling phases) in an orderly and timely manner that results in sustained restoration of anatomical integrity ¹ Note: measurement - wound on target to heal within 4 weeks.
Chronic Wound / hard to heal / (non-healing)	A chronic wound occurs when the healing process does not progress through an orderly and timely process as anticipated and healing is complicated and delayed by factors that impact on the person, the wound or the environment ¹ . Also called non-healing wound or hard to heal wound. Note: measurement – wound 30% smaller in 4 weeks when receiving optimal care.
Palliative wound (non-healable)	A Palliative wound does not have the potential to heal e.g. cancerous wounds Note: measurement - no reduction in wound size / increasing size when receiving optimal care.
Wound Care Expert (WCE)	A person with advanced training in wound management and recognised within their facility e.g. CNC wound care, CNS2 wound care, CNC Stoma and wound care, Nurse Educators, Clinical Nurse Educators, Podiatrist and in the ED this would include a Nurse Practitioner.
Wound Resource person/Champion	<ul style="list-style-type: none"> • Act as a resource in their clinical area. • Liaises with the WCE but is not seen as a substitute for the WCE in review of complex wounds. • Has the support of their manager, to assist in wound care decisions.

4. RESPONSIBILITIES

4.1. Employees will:

- Adhere to the content of this document
- Assess and provide wound management within their scope of practice to patients in their care. Perform wound assessment prior to referral to WCE. All Health care professionals (Medical, Nursing and Allied Health) involved in wound care:
 - are responsible in maintaining their professional development
 - are to ensure they are delivering appropriate and optimal care
 - must be familiar with wound care management policies and procedures
 - involve patients and their support persons in developing wound management plans¹

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4.2. Line Managers will:

- Adhere to the content of this document
- Facilitate clinical staff awareness of this document and provide support to WCE in mandating this document
- Facilitate the presence of wound champions within their wards/depts./service.

5. Referring to wound care experts

5.1 Prior to referring to wound care experts ([Appendix 1](#))

- Health Care Professionals (Medical, Nursing and Allied Health), within their scope of practice, must complete a wound assessment as per [SESLHDPR/297 - Wound Assessment and Management procedure](#) prior to referral to Ward/Department/Unit wound champions or WCE
- Health Care Professionals to review documentation for patient's wound history, past referrals and identify any recent wound assessments and current care plans
- Patients with diagnosed wound conditions should be referred to the appropriate medical speciality e.g. patient with Pyoderma Gangrenosum requires a referral to a Rheumatologist
- Patients with specific wound types need to have appropriate requirements met, refer to Specific Wound Types [section 5.3](#)
- Health Care Professionals to contact Ward/Department/Unit wound champion for advice
- Should the wound champion be unavailable, Health Care Professionals should discuss the wound assessment with:
 - the Medical Officer
 - Senior Nurses
 - NUM/Nurse In-charge shift
 - NE/CNE
- Wound champion/NUM/In-charge/CNE/NE offer advice to manage the wound or to refer to the WCE
- Refer to [Appendix 1](#) for responsibilities
- Refer to [Appendix 2](#) for escalation process for wound management
- Any patient with a non-healing wound must have a dietitian review as part of their wound management
- Arterial studies may need to be considered if a patient has a chronic or acute non-healing wound including a pressure injury
- Any community patient using negative pressure wound therapy for more than 2 weeks must have WCE review
- If there is a clinical incident related to wound management it must be reported via IMS+ under principal incident type of "skin Integrity"
- If patient develops a stage 3 or 4 pressure injury whilst under the care of SESLHD a referral to the wound care team must be made, refer to [SESLHDPD/326 - Pressure Injuries – screening, preventing and managing](#)
- PLEASE NOTE: If a patient develops a Stage 3 or 4 pressure injury, a referral must be made to the Wound Care CNC and/or Pressure Injury Prevention & Management (PIPM) CNC of your facility to ensure an appropriate wound care plan is put in place and detailed review completed.

5.2 Process of referring patients to Wound Care Experts

- Urgent referrals: contact the facility WCE by phone or page (prior to WCE contact ensure patient and wound assessment have been completed). Refer to [Appendix 3](#) for contact details
- General referrals: place an eMR order for the WCE, if available in the facility (refer to [Appendix 3](#)) or phone

5.3 Specific wound types

Whilst there are many wounds types, the following have specific requirements.

5.3.1 Leg ulcers

- Health Care Professionals are to ensure recent vascular assessment (Arterial duplex) or complete an Ankle Brachial Pressure Index (ABPI) assessment prior to referring to WCEs or applying compression therapy. *NB please check local facility procedures, (e.g. at POWH ABPI's are ordered through the Vascular Clinic)
- Refer to [SESLHDPR/398 – Wound Compression Therapy](#).

5.3.2 Diabetes related foot ulcers

- Refer to High Risk Foot Team or Podiatry Services (refer to [Appendix 3](#) for contact details)
- Review need for offloading footwear before patient walks
- Refer to [SESLHDPR/653 - Wound - High Risk Foot Ulcer Management](#)

5.3.3 Cellulitis of the lower leg

Health Care Professionals are to refer patients to:

- Infectious diseases team (ID)
- Apply compression therapy to reduce oedema as per [SESLHDPR/398 - Wound Compression Therapy](#)

5.4 Discharge planning

- NUM to contact WCE for advice on referral to appropriate services on discharge
- Ward/Department/Unit Health Care Professionals are responsible to refer in-patients to appropriate services upon discharge (Please see [Appendix 5](#) for examples)

6. DOCUMENTATION

- Wound assessment and management plan (paper form number SEI060.118 / S0056) or electronic equivalent e.g. in Ambulatory and Primary Health Care (APHC) use Wound Assessment Treatment Evaluation Plan (WATEP)
- eMR referral forms
 - Any additional comments are to be recorded in the patient's/clients health care record.

7. AUDIT

Not required

8. REFERENCES

1	Templeton, S. (2005). Wound Care Nursing: A guide to practice. Ausmed publications, Melbourne
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9. REVISION AND APPROVAL HISTORY

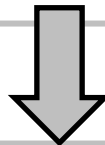
Date	Revision	Author and Approval
August 2020	DRAFT	Combined SESLHD and ISLHD Wound Management Committee
September 2020	Draft	Draft for Comment period
July 2021	0	Second Draft for Comment period. Combined SESLHD and ISLHD Wound Management Committee.
August 2021	0	Final version approved by Executive Sponsor. To be tabled at Clinical and Quality Council for approval.
August 2021	1	Endorsed by SESLHD Clinical and Quality Council.

Appendix 1: Wound assessment and management referral flowchart

To ensure patients receive appropriate assessment and management of their wounds, SESLHD clinicians are requested to follow this flowchart

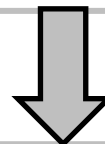
Clinician responsibilities:

- Refer to the Wound Assessment and Management Plan/electronic equivalent for existing wounds prior to commencing the wound review
- New or existing wounds: perform a wound assessment and manage wounds within scope of practice
- Document wound assessment findings and management plan in the **SESLHD Wound Assessment and Management Plan** (SEI060.118) or electronic equivalent
- If unsure with wound care
 - 1st - Seek direction from medical team
 - Ward or unit wound champion /CNS (PHC)
 - Review wound care policies and procedures
 - Review resources on wound care web site
- Contact your Ward/Department/Unit wound resource person/champion if:
 - a. you are unsure about the wound’s management plan
 - b. you require advice to conduct the wound assessment
 - c. you require guidance to perform the wound management plan



Department/Unit Wound Resource Person/Champion responsibilities:

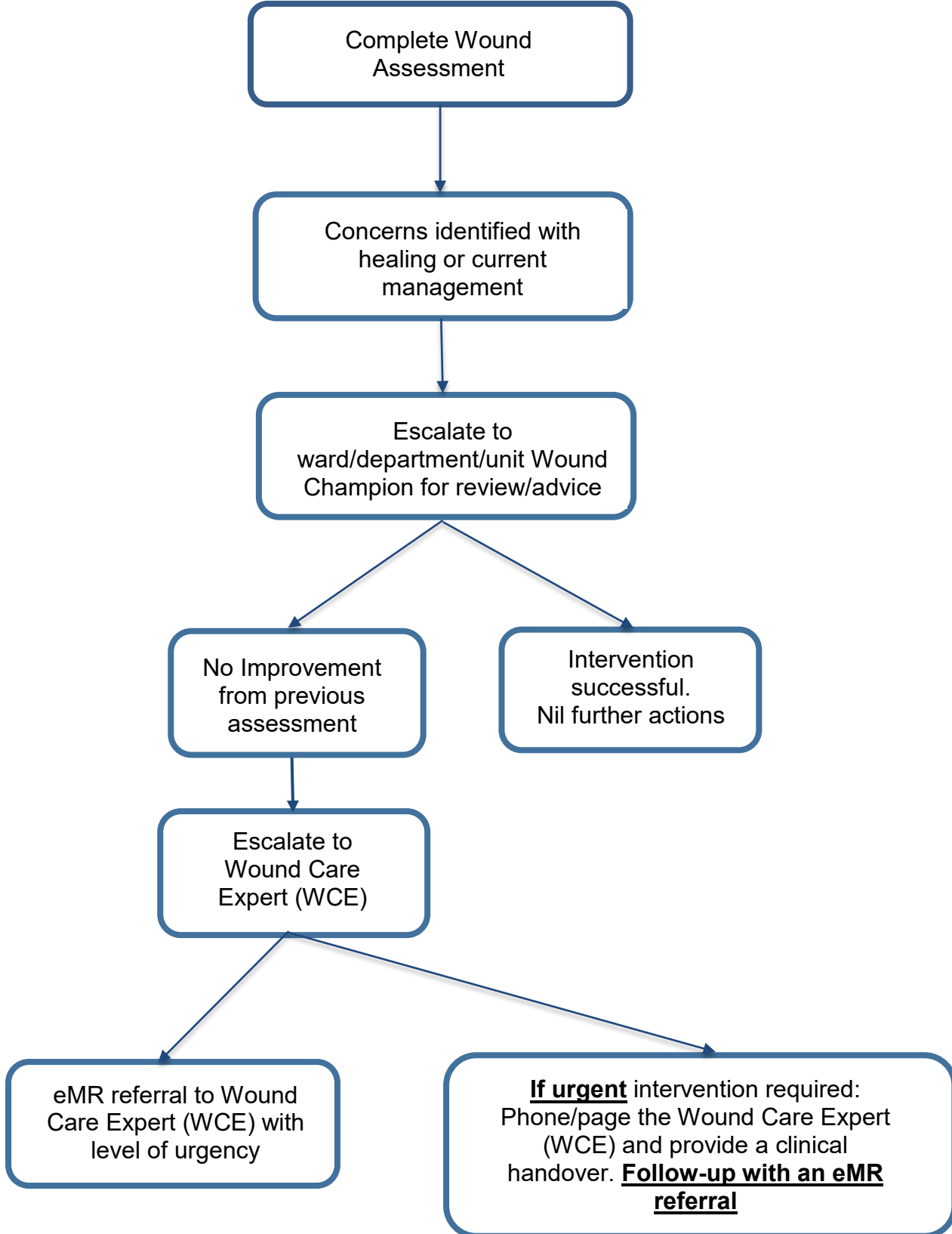
- As per Clinicians responsibilities above
- Provide guidance and support to Ward/Department/Unit staff to facilitate appropriate wound assessment and management for all patients
- Contact the Wound Care Expert for the facility if:
 - a. You require advice to assess a patient’s wound and determine an appropriate wound management plan
 - b. Wound fails to meet expected goals even though best practice principles have been followed



Wound Care Expert responsibilities:

- As per Clinicians responsibilities above
- Provide guidance and support to Ward/Department/Unit Wound Resource/Champion staff
- Provide guidance on complicated wound management

Appendix 2: Escalation process for wound management – inpatient



Adapted from Tynan, K & Mercuri C. Port Kembla Hospital

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Appendix 3: Wound Care Experts

SESLHD (all are available business days Mon-Fri 0800-1630 unless stated)

Location	Title	Contact	eMR referral
Prince of Wales Hospital	Wound and Stomal CNC	Phone Switchboard: 9382 2222 Pager 44220 Pager 44403	Yes Wound CNC
	Podiatrist – Diabetes High Risk Foot Service	Phone 9382 4600 Pager 45391	Yes for POWH (Search 'Consult Diabetic Foot Service' in orders)
	NB: There is an option to refer for outpatient review in the HRFS for hospital discharge planning		
	Community	Phone 0411 616 691	No
The Sutherland Hospital	Wound CNC	Phone 0419 655 394	Yes Wound CNC
	Community	Phone 0401 716 909	Yes (Search 'Southcare Community Referral' in orders) Select 'Generalist Community Nurses (GCN)' in Team Required
	Podiatrist – Diabetes High Risk Foot Service	Phone 9540 7955	Yes (Search 'Consult Podiatry Request' in orders)
St. George Hospital	Wound CNC	Phone Switchboard: 9113 1111 Pager 813	Yes Wound CNC
	Community	Phone 0410 346 840	No
	Podiatry – High Risk Foot Service	Phone 9113 1380 Pager 831 ED pager 826	Yes (Search 'Consult Podiatry Request' in orders)
Sydney Hospital & Sydney Eye Hospital	Hand & Wound CNC 0700-1530	Phone Switchboard: 9382 7111 Pager 22109	Yes (Search 'Consult CNC – wound' in orders)
War Memorial Hospital	CNC	Phone 9369 0100 Pager	No
Calvary Hospital	Manager	95533472	No
Garrawarra Facility	CNC	85454700	No

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Appendix 4: eMR wound referrals

Details for **Consult CNC Wound (Wound CNC Consult)**

Details
 Order Comments
 Diagnoses

+

*Type of Wound / Aetiology: Other (Specify in Order Com...)	*Date wound occurred: **/**/****	*Number of Wounds:
*Primary Wound Location: leg Left -knee to ankle	Secondary Wound Location:	*Describe what is currently bein...
*Wound improving with treatm... No Better Better	*Wound Chart attended: <input type="radio"/> Yes <input type="radio"/> No	*Wound reviewed: <input type="radio"/> Yes <input type="radio"/> No
*Complete ward contact number: No Better Same	*Wound Champion discussed wi...	

Appendix 5: Examples of referrals that maybe required

- In-patients to Community Nurses
- Community based patients to Hospital
- Specialist Medical officer
- General Practitioners
- Dietitian Clinic
- Hand Clinic
- Diabetes High Risk Foot Service
- Hyperbaric Therapy
- Lymphoedema Clinic
- Occupational Therapist
- Orthotics Clinic
- Plastic Clinic
- Podiatry Clinic
- Prosthetic Clinic
- Rehabilitation Clinics/Pain Clinic/Spinal Clinic/Seating Clinic
- Vascular clinic