




Red Flags – When to Refer to Another Health Care Professional





SKIN AND WOUND – TIP SHEET

- “Red Flags” help us identify signs and symptoms that indicate a more serious underlying pathology that warrants immediate attention.
- Contact the Most Responsible Provider (MRP) by fax *and* by phone when immediate referrals are needed; and also inform your work area leadership of the event.

Red Flag	Signs and Symptoms	Refer to:	
Ischemia to lower limb	<ul style="list-style-type: none"> • Tissue loss (ulcer/gangrene). • Low ankle brachial pressure index (ABPI) <0.5. • 6 P’s- (pallor, pain, polar (cold), pulseless, paralysis, paresthesia). • Significant loss of sensation. • Capillary refill delayed. • Skin colour pale on elevation and rubor when dependent. • Skin temperature cool/cold with temperature differences between toes, feet and lower leg. • Pain to limb at rest; pain worse with activity or when leg elevated >30 degrees. • May exhibit intermittent claudication pain progressing to resting pain as condition worsens. • Pain adjacent to ischemic area. 		<p>Notify Most Responsible Provider (MRP) to refer for Specialist Vascular Assessment.</p> <p>Consult MRP to refer for OT – to offload limb and prevent pressure injuries.</p>
	<p>Immediate referral for critical ischemia</p> <ul style="list-style-type: none"> • ABPI less than 0.4; and/or ankle pressure <60mm Hg systolic in presence of superficial necrosis of foot or digital gangrene. • Acute onset of extremity pain with absent pulses cause either emboli or trauma. <p>* Revascularization is needed to avoid limb loss.</p>		
Red Flag	Signs and Symptoms	Refer to:	
Stalled Wounds/ Failure to Heal	<ul style="list-style-type: none"> • Difficult to treat/non-responsive to optimal treatment >12 weeks duration. • Review underlying pathology – investigate other causes of failure to heal: <ul style="list-style-type: none"> ○ Malignancy ○ Autoimmune disorder ○ Superinfection 		<p>Contact MRP</p> <ul style="list-style-type: none"> • Advanced Wound Care Clinician for adjunctive therapies. • Refer for biopsy if needed.

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Infection	<p>Diabetic</p> <ul style="list-style-type: none"> • Change in blood glucose levels. • New onset or ↑ pain (even with neuropathy). • Wound probes to bone. • Malaise/fever. • Classic signs of local and spreading infection. <p>Surgical</p> <ul style="list-style-type: none"> • Localized swelling, induration, erythema or heat. • Increasing pain. • Presence of abscess or opening in incision. • Purulent drainage from a drain/incision. • Spontaneous dehiscence. • Unexplained ↑ WBC count/fever/malaise. 	  <p>Consult with Most Responsible Provider (MRP) to refer for:</p> <ul style="list-style-type: none"> • OT and Orthotics, for offloading. • Admission to Emergency Department, if systemic presentation. • Radiology studies, to rule out osteomyelitis if the wound probes to bone. <p>Surgeon and MRP</p>
Burns	<ul style="list-style-type: none"> • Full thickness burns. • Uncontrolled pain with burns. • Infected burns/donor sites. • Debridement, scar management. • Burn has not entered the healing phase after two weeks. • Burns on hand or face. • Significant deterioration in burn site since last assessment. • Cellulitis, edema to circumferential burns. 	 <p>Notify MRP for consult for:</p> <ul style="list-style-type: none"> • Admission to burn unit for higher level of care. • Physiotherapist (PT). • Occupational Therapist (e.g., hand function/compression garment). • Burn Specialist Nurse.
Wound Necrosis	<p>Wound necrosis can occur from infection, hematoma, burns or failure of a graft.</p> <p>Refer when:</p> <ul style="list-style-type: none"> • Infection or sepsis is associated with the necrotic tissue in the wound bed. • Necrotic tissue is impairing the healing process. • There is significant wound odour from necrosis. • Debridement cannot be managed by routine use of autolytic or enzymatic mean. <p>*Caution: If circulation is severely impaired, and non-healable dry ulcer; debridement and treatment with moist wound healing is contraindicated (e.g., stable necrosis to heel ulcer).</p>	 <p>Notify MRP for consult for conservative sharp wound debridement:</p> <ul style="list-style-type: none"> • MRP to perform debridement/ or Advanced Wound Care Clinician/Plastic Surgeon/Burn Specialist.