



**Long Term Care Services
Referral for Wound, Ostomy
& Continence Consultation**

(affix Resident label)

Owned and Operated sites - e-mail Referral to: LTCWOCconsult@VIHA.CA

Affiliated sites – Fax Referral to LTC Admin Office - Laurie Gnam: at 1-250-370-5676

Include the following documents with your consultation request as applicable:

- [Braden Risk Assessment & Interventions Flowsheet](#) MRSA or CPO positive Refer to EHR Record
- Photograph(s) (owned and operated sites only) Recent C & S Report
- [Wound Assessment & Treatment Flow sheet \(WATFS\)](#) Other Relevant Consultations/Reports

Date **Facility** **Person completing form:** **Contact #**

(Resident name or affix label top of form) Room # **MRN#**

Physician **GP Phone #** **GP Fax #**

Referral Urgency: 1-3 days 3-5 days stable 1-2 weeks

WOUND CONSULTATION:

Wound type (if Known)	✓	Plan of Care reviewed by	Date	Increase in	✓	For Lower leg wound	✓
Pressure Injury (1-4)___ <input type="checkbox"/> Unstageable <input type="checkbox"/> Medical Device <input type="checkbox"/> Mucosal <input type="checkbox"/> DTPI		(Circle) GP/NP Orthopedic/Vascular Plastics/Dermatologist Pharmacist/SW		New areas of breakdown		Vascular Assessment and Arterial/Brachial Index (ABI) completed Date: _____	
Moisture Associated Skin Damage (MASD)		Clinical lead/DOC		Wound pain		Pain on elevation or walking	
Venous		Resident & Family		Bleeding/redness		Edema/Lymphedema	
Arterial or Mixed		Dietitian		size of wound		Pulses Palpable	
Diabetic		Physiotherapist		Necrotic tissue		Hair on Lower Legs?	
Skin Tear		Occupational Therapist		or change in drainage		Brown discoloration to gator area	
Malignant/Palliative		Physiatrist/Orthotist		Odor after cleansing		Dependant Rubor and/or blanching on elevation	
Inflammatory or unknown		Wound Clinic		Temperature		History of DVT	

Anatomical Location of Wound(s): _____

How long has wound been present? _____

Wound Measurements:(if owned and operated sites include recent photograph)

length _____ width _____ depth _____ undermining _____ tunnelling _____ sinus _____

Other Remarks: _____ **MOST Intervention level** _____

