

Tissue Viability Service Referral Criteria (Community)

The Tissue Viability Service is a nurse-led specialist service for patients of all ages with a wide variety of complex wounds, including pressure ulcers, leg ulcers and surgical wounds. The team provides specialist advice to patients, carers, health care staff and allied health professionals. This service is provided to patients in their own home, hospital settings, hospice, nursing/residential homes, GP surgeries and other clinical settings.

It is expected that a member of the referring team will be available for the initial assessment with the Tissue Viability Nurse to agree a plan of care. Follow-up visits may not always be necessary but will be agreed at first contact. A photograph must be obtained and uploaded to EMIS prior to referring.

Referrals will be prioritised in the following way:

Level 1:

Telephone advice. This will be initiated by a member of the Tissue Viability team within **two working days**.

It will include the following:

- Moisture-associated skin damage (mild-moderate)
- MRSA contaminated wounds, for dressing management advice
- Patient non-concordance with prescribed treatment plan, where the factors affecting non-concordance have been addressed and following discussion, concordance cannot be agreed. If there are concerns related to patient self-neglect, please seek advice from the safeguarding team.
- Deep Tissue Injury, which has the potential to either 'evolve' or 'resolve'. If this begins to evolve, the Tissue Viability team will arrange a face to face visit following initial telephone advice (dependent upon the clinical condition of the patient). A photograph should be taken weekly to allow close monitoring
- Unstageable pressure ulcers $\leq 10\text{mm}$ x $\leq 10\text{mm}$ (adult patients). The Tissue Viability team will arrange a face to face visit following initial telephone advice if the ulcer does not improve or begins to deteriorate (dependent upon the clinical condition of the patient). A photograph should be taken weekly to allow close monitoring

Level 2:

Routine or chronic wounds: virtual / telephone contact will be made by a member of the Tissue Viability team within **two working days**, and a visit arranged within **ten working days**.

- Leg ulcers (venous, mixed or other aetiologies) which fail to respond to treatment after four weeks, providing a full leg ulcer assessment has been carried out by the referrer and an appropriate management plan has been instigated

- Wounds which require a definitive diagnosis and / or where a rarer cause is suspected
- Static / non-healing wounds
- Patients whose wounds require palliation of symptoms including exudate management and odour control

Level 3:

Complex / Urgent care : virtual / telephone contact will be made by a member of the Tissue Viability team within **two working days** and a visit made within **five working days**.

- Category 3, 4 and Unstageable pressure ulcers (Adult patients - Unstageable pressure ulcers >10mm x >10mm). For children, unstageable pressure ulcers will be prioritised as urgent regardless of size
- Where sharp debridement of necrotic tissue is required, particularly if this is suspected to be a source of systemic infection
- The unexplained rapid deterioration of any wound
- Acute surgical wound dehiscence
- To facilitate home care / hospital admission avoidance
- Facilitation of hospital discharge
- Support with Topical Negative Pressure Therapy and other advanced treatment modalities
- Where nursing time is significantly increased to manage wound symptoms

Exclusion criteria

Referrals for the following **will not be considered appropriate**:

- Skin conditions with no active wound: a referral should be made to Dermatology team
- Patients with healing wounds
- Patients who have had no prior wound assessment by the referring clinician
- Wounds to the foot (ankle and below): referrals should be made **urgently** to the specialist foot protection service for all diabetic patients. For non-diabetic patients, referrals for Category 3, 4, Unstageable or Deep Tissue Injury pressure ulcers should be made to podiatry. Refer to the Trust's Heel Aid Memoire for further information
- Ankle brachial pressure index measurement for patients with no wounds – follow the Trust's Lower Limb Oedema Pathway
- Cellulitis without active ulceration. Refer to the Trust's Cellulitis Aid Memoire. If Lymphoedema is present, refer to the Lymphoedema service. Follow the British Lymphology Society Consensus Document on the management of cellulitis in lymphoedema:
https://www.lymphoedema.org/wpcontent/uploads/2020/01/cellulitis_consensus.pdf
- To access prescriptions for wound care products
- To educate staff within nursing homes on compression bandaging

- Patients under the care of another service for the same wound, to include Plastics, Vascular, Dermatology, Podiatry, unless a second opinion is requested by that service
- Patients previously seen by the Tissue Viability team within a 4 week period, who have no new identified wound related complications

Making a referral

Community services should refer to the Tissue Viability team by submitting an electronic referral form on EMIS. Nursing home staff should complete the Tissue Viability referral form and send direct to: **stsft.tissueviabilityteam@nhs.net**

The Tissue Viability team can be contacted from 09.00-16.30

Advice and support from senior staff or Tissue Viability Link Practitioners (TVLiPs) in the service area / team should be considered prior to referral.

Trigger Points

Wounds should be reassessed at each dressing change. Referrals for skin tears should be made if the wound shows **no signs of any improvement** after two weeks of appropriate treatment, as per Skin Tear Pathway.

For lower limb wounds: if there is **no improvement** following 4 weeks of compression therapy, or the lower limb wound fails to heal within 12 weeks despite compression therapy, a referral should be made to Tissue Viability as per Leg Ulcer Management Algorithm.

For other wound types, if the wound fails to progress **after 4 weeks of appropriate treatment**, consider a referral to Tissue Viability.