

## Tissue Viability Service (TVS) Referral Pathway

Please utilise your Tissue Viability Link Nurses and Tissue Viability resources for first line information and advice on [Quris](#) or [SharePoint](#)

<p><b>Prior To Referral</b></p> <ul style="list-style-type: none"> <li>Remove all dressings (including compression bandages) on admission and <b>complete a full wound assessment</b>, skin inspection, document all findings and discuss with the patient's medical team.</li> <li>If chronic wounds are the reason for admission, a referral to Tissue Viability may be appropriate, following a full wound assessment.</li> <li><b>Complete a photograph</b>, using Clinical Uploader Pro app (access can be requested via the OMI intranet page) or request medical photography where appropriate.</li> <li>Consider the exclusion criteria.</li> </ul>	<p><b>Exclusion Criteria</b></p> <p>Referrals for the following are not considered appropriate for the Tissue Viability Service:</p> <ul style="list-style-type: none"> <li>Skin conditions with no active wound: referral should be made to Dermatology, if appropriate.</li> <li>Patients with healing wounds and/or Category 1 and 2 pressure damage (ward-based care required).</li> <li>Patients without a documented wound assessment.</li> <li>Patients with diabetic foot ulcers, under the care of the Diabetic Foot Team.</li> <li>Cellulitis without active ulceration. Guidance on SharePoint/Quris for leg care.</li> <li>Patients previously seen by the TVS have no new identified wounds, or there are no new concerns. <b>The TVS do not routinely follow up patients unless written in the patients' notes.</b></li> </ul>
<p><b>Referrals will be prioritised using the following criteria:</b></p>	
<p><b>Priority Level 1: Aim to respond within 1 working day</b></p> <ul style="list-style-type: none"> <li><b>Hospital Acquired PU (HAPU) categories 3,4, and SDTI and full-thickness mucosal.</b></li> <li><b>Complex wounds/ wounds requiring Negative Pressure Wound Therapy (NPWT) /Larvae/incisional management/ conservative sharp debridement/specialist dressings.</b></li> <li><b>Unexplained rapid deterioration in any wound (please ensure this is urgently escalated to the medical team prior to referral)</b></li> <li><b>Safeguarding concerns associated with wounds.</b></li> </ul>	<p><b>Priority Level 2: Aim to respond in 3 working days</b></p> <ul style="list-style-type: none"> <li>Pressure ulceration Present on Admission (POA) Category 3/4/SDTI where more detailed assessment is required. Care plans should be put in place by the clinical area from admission.</li> <li>Wound progress/symptoms are affecting the patient's quality of life.</li> <li>Deteriorating wounds, despite an appropriate plan of care.</li> <li>Severe moisture lesions/skin excoriation.</li> <li>Difficult to manage wounds, such as fungating wounds that are painful/bleeding/malodorous.</li> <li>Leg ulcer management.</li> </ul>
<p><b>Telephone advice will be given where appropriate for:</b></p>	
<ul style="list-style-type: none"> <li>Non-complex wounds.</li> <li>Advice on pressure-reducing/redistributing equipment for inpatients with complex needs.</li> <li>Static/non-healing wounds.</li> <li>According to the triage decision.</li> </ul>	
<p><b>Core patient contact hours are 8 AM – 3:30 PM Monday to Saturday.</b></p> <p><b>All referrals to the team are via EPR. The team can be contacted for urgent inquiries on Bleep 6686.</b></p> <p><b>Please provide as much information as possible to enable the Tissue Viability Team to prioritise appropriately.</b></p>	