


Appendix 3: Wound Management Referral Forms

Appendix 3.1: RANP In-Patient Referral Form

 <p>HEALTH SERVICE EXECUTIVE – SOUTH CORK UNIVERSITY HOSPITAL GROUP</p> <p>IN-PATIENT WOUND MANAGEMENT REFERRAL FORM TO REGISTERED ADVANCED NURSE PRACTITIONER (WOUND CARE)</p>	
PATIENT NAME:	WOUND AETIOLOGY / DURATION:
M.R.N.:	
DATE OF BIRTH: WARD:	
CONSULTANT & SPECIALTY (BLOCK CAPITALS):	
MEDICAL/SURGICAL HISTORY:	
MEDICATIONS:	
WOUND APPEARANCE: (E.G. SLOUGH %...)	
PERI-WOUND / SKIN CONDITION :	
PAIN & MANAGEMENT:	
NUTRITIONAL ASSESSMENT:	
ACTION:	
WATERLOW RISK ASSESSMENT: YES No N/A	
ACTION:	
INFECTION / COLONISATION SWAB COLLECTED; YES/NO, MEDICAL REVIEW; YES/NO, ANTIBIOTIC; YES/NO	
ASSESSMENT + INVESTIGATIONS TO DATE:	
TREATMENT OBJECTIVES + MANAGEMENT TO DATE:	
REASON FOR REFERRAL:	
REFERRAL TO OTHER ALLIED HEALTH PROFESSIONALS: NO; YES; (PLEASE SPECIFY)	
REFERRED BY:	DATE:
RECEIVED:	DATE: