Oxford University Hospitals NHS
NHS Foundation Trust

Tissue Viability Service (TVS) Referral Pathway

Please utilise your Tissue Viability Link Nurses and Tissue Viability resources for first line information and advice on Eolas or SharePoint

Prior To Referral

- Remove all dressings (including compression bandages) on admission and **complete a full wound assessment,** skin inspection, document all findings and discuss with the patient's medical team.
- If chronic wounds are the reason for admission, a referral to Tissue Viability may be appropriate, following a full wound assessment.
- Complete a photograph, using Clinical uploader, access can be requested via OMI intranet page or request medical photography where appropriate.
- Consider the exclusion criteria

Exclusion Criteria

Referral for the following are not considered appropriate for the Tissue Viability Service:

- Skin conditions with no active wound: referral should be made to Dermatology, if appropriate.
- Patients with healing wounds and/or Category 1 and 2 pressure damage (ward-based care required)
- Patients without a documented wound assessment.
- Patients with diabetic foot ulcers, under the care of the Diabetic Foot Team.
- Cellulitis without active ulceration. Guidance on Sharepoint/Eolas for leg care.
- Patients previously seen by the TVS have no new identified wounds, or there are no new concerns. **The TVS do not routinely follow up patients unless written in patients' notes.**

Referrals will be prioritised using the following criteria:

Priority Level 1: Aim to respond same working day

- Hospital Acquired PU (HAPU) categories 3,4 and SDTI and full-thickness mucosal.
- Complex wounds/ wounds requiring Negative Pressure Wound Therapy (NPWT) /Larvae/incisional management/ conservative sharp debridement/specialist dressings.
- Unexplained rapid deterioration in any wound (please ensure this is urgently escalated to the medical team prior to referral)
- Safeguarding concerns associated with wounds.

Priority Level 2: Aim to respond in 3 working days

- 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.
- Wound progress/symptoms are affecting the patient's quality of life
- Deteriorating wounds, despite an appropriate plan of care
- Severe moisture lesions/skin excoriation
- Difficult to manage wounds, such as fungating wounds that are painful/bleeding/malodourous
- Leg ulcer management

Telephone advice will be given where appropriate for:

- Non-complex wounds
- Advice on pressure reducing/relieving equipment for inpatients with complex needs
- Static/non-healing wounds

Core service hours 8-5 Monday to Saturday. All referrals to the team are via EPR. The team can be contacted for urgent inquiries on Bleep 6686.

Please provide as much information as possible to enable the Tissue Viability Team to prioritise appropriately.