


# Appendix 3: Wound Management Referral Forms

## Appendix 3.1: RANP In-Patient Referral Form

 <p>Réidhneannach na Seirbhíse Sláinte Health Service Executive</p>		<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>			
<p>PATIENT NAME:</p>		<p>WOUND AETIOLOGY / DURATION:</p>	
<p>M.R.N.:</p>			
<p>DATE OF BIRTH:</p>	<p>WARD:</p>		
<p>CONSULTANT &amp; SPECIALTY (BLOCK CAPITALS):</p>			
<p>MEDICAL/SURGICAL HISTORY:</p>			
<p>MEDICATIONS:</p>			
<p>WOUND APPEARANCE: (E.G. SLOUGH %...)</p>			
<p>PERI-WOUND / SKIN CONDITION :</p>			
<p>PAIN &amp; MANAGEMENT:</p>			
<p>NUTRITIONAL ASSESSMENT:</p>			
<p>ACTION:</p>			
<p>WATERLOW RISK ASSESSMENT: YES</p>		<p>NO</p>	<p>N/A</p>
<p>ACTION:</p>			
<p>INFECTION / COLONISATION SWAB COLLECTED; YES/NO,</p>		<p>MEDICAL REVIEW; YES/NO,</p>	<p>ANTIBIOTIC; YES/NO</p>
<p>ASSESSMENT + INVESTIGATIONS TO DATE:</p>			
<p>TREATMENT OBJECTIVES + MANAGEMENT TO DATE:</p>			
<p>REASON FOR REFERRAL:</p>			
<p>REFERRAL TO OTHER ALLIED HEALTH PROFESSIONALS: NO; YES; (PLEASE SPECIFY)</p>			
<p>REFERRED BY:</p>		<p>DATE:</p>	
<p>RECEIVED:</p>		<p>DATE:</p>	