

Please review the following items. If a referral requires clarification, we may contact your office for more information. Select insurance payors request pre-authorization prior to visit. This may affect referral times.

There must be an open, non-healing wound for patients to be treated at Advanced Wound Care.

Please include an electronically sent, high-resolution color picture of the wound. If unable to send a photo via Epic, send via email to: infusion.woundcarefax@salemhealth.org

Selecting referral priority:

STAT (or Emergency)

Turnaround: 72 hours

If the answer to any of the following questions is “yes,” the patient qualifies for a stat referral.

1. Is the patient likely to be hospitalized if advanced wound care is not delivered within the next 24-72 hours?
2. Does the patient have the following signs of local infection:
copious cloudy or discolored fluid, significant malodor?

▶ **If the patient has intractable pain or exhibits any signs of systemic infection, please direct the patient to the nearest emergency department.**

ASAP (or Urgent)

Turnaround: one week

Examples include:

- Diabetic foot wounds, not infected
- Nonhealing surgical wounds with associated prosthetic or hardware (surgical wounds created in the last 90 days must be referred by the surgeon)

▶ **Strongly consider implementing home health wound care if clinically appropriate.**

ROUTINE

Turnaround: two to four weeks

Examples include:

- Chronic venous stasis ulcer
- Chronic lymphedema wound
- Chronic pressure ulcer due to immobility, regardless of depth

▶ **Strongly consider implementing home health wound care if clinically appropriate.**

Patients who should NOT be referred to the Advanced Wound Care center:

- Patients with wounds due to untreated arterial disease.
 - Please order: Arterial physiologic study, single-level (VAS7527). Please select “ABI/TBI”
 - Refer ASAP to Vascular Surgery
- Patients with burns who meet criteria for a burn center. <https://ameriburn.org/wp-content/uploads/2023/01/one-page-guidelines-for-burn-patient-referral-16.pdf>
- Patients with a dermatological issue, such as a rash: please consider referral to dermatology.
- Patients with acute, minor wounds, such as a superficial skin.

Recommended imaging and labs

The following are recommended imaging and labs for common referrals. Please order these before or at the time of placing the referral. This will expedite diagnosis and treatment.

Chronic venous stasis ulcer	Venous insufficiency exam, unilateral (of affected limb)
Diabetic foot ulcer	<ul style="list-style-type: none"> • Arterial physiologic study, single level, with ABI/TBI • If bone or tendon exposed, or there is clinical concern for osteomyelitis, please order two-view plain XR
Chronic foot wound of uncertain etiology	<ul style="list-style-type: none"> • Arterial physiologic study, single level, with ABI/TBI • If bone or tendon exposed, or there is clinical concern for osteomyelitis, please order two-view plain XR
Pressure injury with exposed bone, fascia, or tendon	<ul style="list-style-type: none"> • Plain radiographs of affected body part • Erythrocyte sedimentation rate (ESR) • C-Reactive Protein (CRP)