


**Direct Home Care Referral - Health Professional**

<b>Required documentation</b> (check all that apply)		
<input type="checkbox"/> Patient Demographic Sheet	<input type="checkbox"/> Medication List	<input type="checkbox"/> Goals of Care with client
<b>Prescriber orders are not required for wound care</b> (See Reverse)		
<input type="checkbox"/> Prescriber's order attached (Ensure orders are signed by Prescriber and provide a 24 hour contact number).		
Client/family consents to Home Care?	Type of Patient	<input type="checkbox"/> ER <input type="checkbox"/> Inpatient
<input type="checkbox"/> Yes <input type="checkbox"/> No	(specify site) _____	
<b>Medical Information</b> (Service needs will be determined by the Home Care Triage Nurse)		
Reason for admission to hospital	Related to violence and/or trauma? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of discharge from hospital
Discharge diagnosis	Family and/or patient aware of diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No (specify) _____	
Surgical procedures (include dates)	<input type="checkbox"/> Infection control risk (C-Diff, MRSA) (specify) _____	
Reason for home care referral	Date professional service required	
<b>Medication and Supplies Pre-arranged for Client</b> (Check box if completed)		
<input type="checkbox"/> Bridge supply of medication # of days _____ # of doses _____ Type of packaging _____		
<input type="checkbox"/> Compliance packaging (i.e. bubble packs) arranged through community pharmacy		
<input type="checkbox"/> RX for safety engineered device (i.e. sharps) given to client		
<input type="checkbox"/> Supplies provided at discharge (i.e. dressing supplies, equipment)? Type/amount _____		
<b>Health Professional to Contact for Home Care Follow-up</b>		
General Practitioner	Phone	Appt Date
Surgeon	Phone	Appt Date
Specialty	Phone	Appt Date
<b>Physical Function/ADL/IADL Assessment Needs for Support</b>		
OT/PT functional assessment attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Home Care</b> (Client will be assessed to receive care in a community care clinic, see reverse)		
<input type="checkbox"/> Alternate insurance or benefits (Blue Cross, WCB, Treaty Status, etc. If checked, specify) _____		
<input type="checkbox"/> Safety concerns (pets, smoking, etc. If checked, specify) _____		
<input type="checkbox"/> Discharge to address on demographic sheet (provide address, if different from discharge location)		
Address _____		Phone _____
<b>Type of Professional Services Required</b> (check all that apply)		
<b>Nursing Specific</b>		
<input type="checkbox"/> Medication Admin PO/IM/SC	<input type="checkbox"/> Negative Pressure Wound Therapy (Home Care ETRN assess required)	
<input type="checkbox"/> Home IV (HPT)	<input type="checkbox"/> Chest or Abdominal Drain - Type (i.e. PleurX) _____	
<input type="checkbox"/> Other (specify i.e. Drain, Catheter, Stoma, TURP, Cardiac and/or Lower leg wraps) _____		
<input type="checkbox"/> Wound Care Last Wound Assessment/Treatment _____		
<b>Important Information Regarding Community-Based Wound Care</b>		
Clients receiving service from Edmonton Zone Home Care will be provided wound care according to the <i>AHS Wound Care Guidelines (2009)</i> .		
Wound care orders outside of current evidence informed practice and/or product usage guidelines may not be eligible for Home Care service.		
Wound care products may be substituted to a comparable product based on AHS Home Care supplies formulary.		
<b>Rehab Specific</b>		
<input type="checkbox"/> Brace, Splint or Cast Care	<input type="checkbox"/> Equipment/ Safety Assessment	
<input type="checkbox"/> Respiratory Therapy/ Home O2	<input type="checkbox"/> Tracheostomy/ Laryngectomy Care	
<input type="checkbox"/> Other _____		
Professional Providing Referral (name)	Phone	
Signature	Date (yyyy-Mon-dd)	

## Community-Based Wound Care

(Information sheet)

<p><b>Prescribers Orders</b></p> <p>Prescriber orders are not required for wound care that are within the AHS Wound Care Guidelines (2009)*</p>
<p><b>Evidence-Informed Practice</b></p> <p>Community-based wound care practice is consistent with the AHS Wound Care Guidelines (2009)* unless otherwise indicated. If you have any questions regarding Guidelines, please contact the client's case manager.</p>
<p><b>Goals for Wound Care in Community Setting</b></p> <p>To promote and support standardized evidence-informed, multidisciplinary wound care practice in the community care setting.</p>
<p><b>Evidence-Informed Wound Care Practice May Include</b></p> <ul style="list-style-type: none"> <li>■ Use of aseptic wound cleansing can involve sterile, clean and/ or 'no-touch' technique.</li> <li>■ Wound cleansing using commercially or home-prepared normal saline.</li> <li>■ Wound care products are limited to a subset of provincially contracted products and therapies that have been approved for use in the community setting. These products are applied according to manufacturer's guidelines based on the assessed clinical need.</li> <li>■ The frequency of dressing change is based on the community clinician's assessment of the wound status, available recommended wound care products and client risk factors.</li> </ul>
<p><b>Client-Centered Wound Care</b></p> <p>Whenever possible, community wound care professionals will teach and support clients and families to perform independent wound care. Community wound care professionals will provide routine wound monitoring to support optimum wound care management.</p>
<p><b>Wound Care Supplies</b></p> <p>It is expected that clients will access alternate insurance options for supplies if available. Clients approved for provision of wound care supplies will be required to obtain supplies at a designated home care office. Note: Exception criteria for wound care supplies will be considered for application on an individual client basis.</p>
<p><b>Treatment Location</b></p> <p>Clients who are mobile will be provided with wound care at a community care clinic. Home visits for wound care are provided for non-mobile, homebound clients. In home treatment will not be offered where staff safety risks have been identified.</p>
<p><b>Prescriber Follow-Up</b></p> <p>In situations where an order has been received, the <i>most responsible authorized prescriber</i> must be readily available for follow-up when the clinical assessment indicates a need for a change in the wound care order.</p>

\* AHS Wound Care Guidelines (2009) are currently under review.