island health

ID Sticker

NSWOC (Nurses Specialized in Wound, Ostomy & Continence) Referral Form

Location: ☐ RJH ☐ VGH Ward/Room # _____ Extension: _____

Priority: ☐ Within 3 days ☐ 4-7 days ☐ Urgent

If urgent call cell: **RJH** 236-638-5237 **VGH** 236-638-4874

Date of Referral: _____ Phone number for area of referral: _____

Referral Source (name with designation): _____

Patient Name: _____ MRN: _____DOB:_____

Admission Date: _____ Diagnosis: _____

Reason for Referral:_____

Ostomy (please check appropriate boxes or fill in information as required):

Pre-surgical marking & education ☐ Date of surgery: _____ Surgeon: _____

Ostomy post surgical teaching & discharge planning ☐

Established ostomy with complications ☐ Fistula management ☐

Need ostomy supplies ☐ Appliances/products used (ask pt): _____

_____

Wound (please check appropriate boxes or fill in information as required):

Acute ☐ Chronic (<6weeks) ☐ Palliative ☐ Surgical ☐

Location of wound_____ Cause (if known): _____

Care Plan Measures Initiated: Braden Scale ☐ OT/PT Referral ☐

Shearing/Pressure Reduction Measures in Place ☐ Notes: _____

Assessment Flowsheet Initiated ☐ Nutrition Assessment & Referral ☐

Wound swab collected ☐ Wound followed by: Plastics ☐ ID ☐ Ortho ☐

Vascular ☐ LLWC ☐ CHS ☐ Notes: _____

_____

Send Referral to RJH Fax: 250-370-8476 VGH Fax: 250-727-4487
Email: VictoriaOstomyCareClinic3@islandhealth.ca
Phone: 250-370-8235