

Patient Name: _____ HCN: _____

Nursing for teaching IV (up to 3 visits)

Teaching/consultation required for e.g. IV: _____

LTC home has explored all other supports including the home's (or corporate/region) clinical educator, pharmacy, vendor, Nurse Practitioner Led Outreach Team and contacted agencies? Yes No

LTC home's clinical educator or DOC/charge nurse(s) would be present for the training? Yes No

LTC home has a plan for the ongoing skills maintenance/training? Yes No

Medical equipment (e.g. pump), supplies and medications are in place, if applicable? Yes No

Please do not send referral until the above are in place

Wound Consult Assessment (1-2 visits)

Location of wound(s): _____

Wound measurements (LxWxD): _____

Dressing treatment/frequency: _____

Reason for wound consult nurse assessment: _____

Please do not send referral until the above are in place

Additional Information:

Signature of LTCH staff completing referral

Date

Print Name/Designation

Number/Extension for Unit