



SUTTER PHYSICIANS ALLIANCE (SPA)
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SPA PCP Treatment & Referral Guideline
Wound Patient Classification Criteria Referral Indications
Developed October 23, 2006

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Wound Patient Classification Criteria

Level 1: Treating Physician:

- Clean & granulating wounds that do not require debridement
- Wounds that require periodic monitoring and dressing changes only
- MD office should manage obtaining dressings for patient through dressing supply companies &/or pharmacies.



Clean & granulating wound


Home Care Wound Patient Characteristics:

- Patients who are homebound
- Patients with clean/granulating wounds or with minimal necrotic tissue that can be debrided by a home health ET RN or by enzymatic debridement
- Simple wound VAC (if meets home care qualifications)

Level 2: Physical Therapy referral:

- Wounds with edema present
- Venous stasis ulcers
- Wounds requiring minimal debridement
- Wound VAC patients requiring occasional debridement
- Patients with good pain control that will tolerate debridement with only P.O. pain medication or topical anesthesia.
- Wounds with surrounding hyperkeratotic (flakey) skin



 <http://www.activahealthcare.co.uk/pdf/actiFormCool.pdf>

- Patient would benefit from brief whirlpool to soften thick hyperkeratotic skin, followed by debridement of wound/dead skin, and compression therapy.

Level 3: Wound Clinic referral:

- Chronic non-healing wounds of over 30 days, with signs of poor response, with current topical treatment.
- Stage III or Stage IV open wounds with exposed connective tissue, tendons, muscle or bone that are exhibiting signs of underlying infection, increasing inflammation, swelling, purulent drainage or necrotic tissue that will require surgical debridement.
- Wounds that may be completely covered with brown or black necrotic tissue (eschar covered wound) that will require a surgical debridement to expose underlying damage and allow for extensive wound packing and treatment towards closure.
- Patients with unrecoverable tissue loss that may require a skin graft as means of skin closure. (This mostly applies to diabetic foot ulcers and venous ulcers)
- Open areas of a suspicious nature that have duration of longer than 30 days with no apparent obvious intrinsic or extrinsic cause.
- Wounds requiring diagnostic procedures such as a deep tissue biopsy/culture to obtain additional diagnostic information to the cause of the wound. (ie., malignancies, collagen/vascular).
- Patients who will need evaluation for the initiation (and ongoing dressing changes) of the VAC wound closure system with ongoing surgical debridement to augment and accelerate healing.
- Non healing wounds with an underlying etiology of vascular compromise or diabetic neuropathy that may require further additional studies to uncover other contributing factors or means of correction.
- Wounds requiring surgical incision and drainage to uncover source of abscess with surgical debridement and wound treatment as appropriate for continued closure.



 http://www.hartmann-online.de/english/produkte/wundbehandlung/wundforum/sond1_2.htm#the_ulcus_cruris_arteriosum

- Patient with peripheral vascular disease requiring a vascular work-up and possible amputation of gangrenous toes.



- Patient requiring surgical debridement w/possible surgical wound closure



- Diabetic patient requiring surgical debridement, infection management, and podiatric referral for pressure relieving footwear



<http://www.oculusis.com/lamerica/>

- Diabetic patient requiring immediate surgical debridement, treatment for infection, and eventual skin graft.



<http://woundcare.co.za/id99.htm>

- Stage IV pressure wound requiring surgical debridement of necrotic tendon/fascia/bone with possible plastics consult for flap closure.

APPROVAL:



SPA Medical Director

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Date:

Approval/Revision Summary:

SIP AMD's

SMG Division Chiefs

SWMG Designee

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