

## Non-Healing Wound - Who should I refer to?

Not all wounds require specialist input however, if you are concerned and require specialist advice, please use the tool below to identify the most appropriate specialist service for referral.

More resources



### Any wound head to knee

#### Tissue Viability Team

G-CARE:  
[Referrals & Services | G-care](#)

GHC:  
[Referral for Tissue Viability Advice /Assessment - Interact](#)

### Any wound on the foot

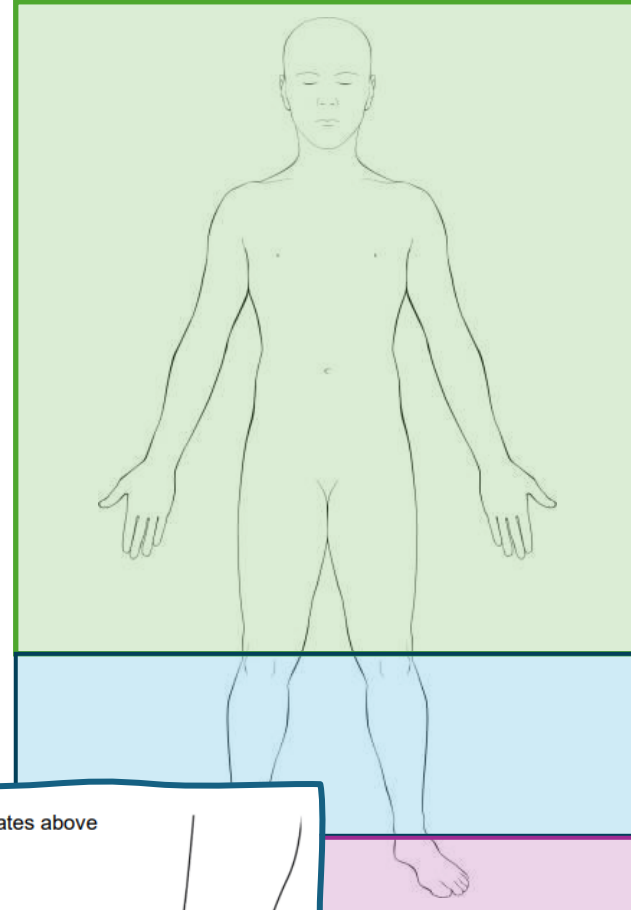
#### Podiatry Team

G-CARE:  
[Referrals & Services | G-care](#)

GHC:  
<https://www.ghc.nhs.uk/our-teams-and-services/podiatry/>

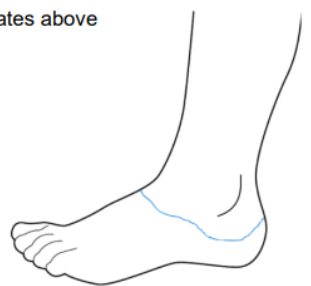
**Swelling to any part of the body with intact skin (no wounds)**

Refer to [Lymphoedema Service](#)



A **leg ulcer** originates above the blue line.

A **foot ulcer** originates below the blue line.



### Any wound from knee to ankle

Follow the [Pre Doppler Pathway](#) for all lower limb wounds before referral onto one of the following:

#### Complex Leg Wound Service (CLWS)

Leg ulcer without identified arterial concern.

**Exception:** any patient registered with Gloucester City GP (see GLUS below)

[G-CARE / GHC](#)

#### Gloucestershire Leg Ulcer Service (GLUS)

Leg ulcer with arterial concern **AND/OR** any patient registered with a Gloucester City GP.

[G-CARE / GHFT](#)

### STOP THINK

**Admit patient as an emergency if there is:** clinical evidence of severe infection/sepsis with systemic signs eg tachycardia, pyrexia, hypotension or patient feeling unwell, or spreading cellulitis, crepitus or significant deterioration over a short period of time.

**Refer to DVT pathway** if there is suspected acute deep vein thrombosis or superficial vein thrombosis.

**Consider referring for Peripheral Arterial Disease (PAD)** if you suspect poor arterial blood supply