



Electrical Stimulation (eSTIM) Referral Assessment

Patient Name:		BRN:	
Address:		Date of Birth:	
Date:		AGE OF WOUND:	
Physician/Wound Care Specialist, please check to indicate type of wound and indicate patient has met eligibility criteria – Patient must meet eligibility criteria before provision of eSTIM by Home and Community Care Support Services ESC			
TYPE OF WOUND		MUST BE COMPLETED FOR ELIGIBILITY	
<input type="checkbox"/>	Pressure ulcer	Pressure must be offloaded	Indicate pressure relieving devices in use:
<input type="checkbox"/>	Diabetic foot ulcer	Patient blood sugar is being monitored/controlled Wound must be offloaded	State blood sugar: State offloading device:
<input type="checkbox"/>	Venous leg ulcer	Must be in compression	State type of compression system:
<input type="checkbox"/>	Arterial ulcer	ABPI must be \geq 0.5 or vascular assessment complete	State ABPI: Vascular studies complete yes <input type="checkbox"/> no <input type="checkbox"/>
<input type="checkbox"/>	Surgical	Must be open surgical wound	Type of surgery:
<input type="checkbox"/>	Pilonidal sinuses	Must be offloaded when patient is sitting/lying	Indicate pressure relieving devices in use:
<input type="checkbox"/>	Other		State type of wound:
Wound Measurements and Description			
Length:	cm	Width:	cm
		Depth:	cm
Undermining:		Tunneling:	
Expected therapy goals:		Healing in _____ weeks	
<input type="checkbox"/> Wounds must have the following criteria to be eligible for eSTIM therapy:			
<ul style="list-style-type: none"> Healable wounds Wounds that are not healing at the expected rate despite evidence-based wound care practices. Surgical wounds. Leg ulcers with ABPI \geq 0.5 Stage III to IV Pressure Ulcers. Dehisced wounds. Diabetic foot ulcers following surgical procedures or sharp debridement with viable tissue (ABPI \geq 0.5.) 			
No eSTIM therapy contraindications exist (request will be denied if any of these are present):			
<ul style="list-style-type: none"> Failure to treat-the-cause of the wound first (pressure – offloading, edema – compression, etc) Unknown wound etiology or wound of inflammatory origin (pyoderma, vasculitis etc). Patient is pregnant or planning to become pregnant Wound is in the face, neck or genital areas An unexplored fistula to organs or body cavities (other than chronic enteric fistulas.) Unresolved, untreated osteomyelitis and any infection that is untreated prior to application. Malignancy or cancer in wound margins, or any type of metastatic cancer anywhere in the body Presence of DVTs or blood clots. 			

HOME AND COMMUNITY CARE SUPPORT SERVICES
Erie St. Clair

Patient Name:		BRN:	
		5. Connect wires to machine, add extension wires if required. 6. Set Stimulus: Polarity (-ve in week one, alternate +/- weekly), Frequency: High 7. Intensity: turn up until pins and needles sensation is felt or sub-motor in those with no sensation 8. Treatment schedule: 60 min, once per day : _____ x per week (minimum 3)	
Garment Technique (sock):	Protocol: 1. Dress the wound as normal, use the smallest dressing possible to allow the eSTIM to have the most contact with the leg as possible. Do not use wound products contraindicated above. 2. Ensure the leg and foot are free of oils, zinc, metals etc that are not compatible with eSTIM 3. Apply conductive spray or cream. Ensure good contact with all skin below the knee, including the foot. 4. Apply the sock to the foot and lower leg. Removing creases. Try not to wipe off all the conductive spray or cream when pulling on the sock. 5. Attach the black and red lead wires to the eSTIM machine. It doesn't matter which side. 6. Use the pin to snap connector to attach the wires to the sock. The black wire goes to the DISTAL portion of the sock, the red wire to the PROXIMAL portion. 7. Turn on the eSTIM machine. Frequency: high, Intensity – pins and needles or submotor. - Note: On the Micro-Z machine, the frequency is preprogramed to "P1" and the machine will automatically turn off after 1 hour. Intensity still needs to be adjusted to fit the patient each time. 8. Treatment schedule: 60 min, once per day: _____ x per week (minimum 3)		
Other items required:			
Other instructions(if required):			
Provide alternate wound dressing treatment should the eSTIM need to be interrupted or discontinued:			
Best Practice <input type="checkbox"/> OR:			
Name of Facility/Provider:			
Physician/Wound Care Specialist:			
Supplies Required:			
Electrode Size:	2" x 2" Square <input type="checkbox"/>	2" x 3.5" Rectangle <input type="checkbox"/>	2" x 4" Oval <input type="checkbox"/>
Silver therastocking size: (Calf Circumference)	Shoe size up to 6 <input type="checkbox"/> Calf circumference < 35 cm	Shoe Size 6-11 <input type="checkbox"/> Calf Circumference	Shoe size 11-13 <input type="checkbox"/> Calf Circumference 38-41 cm