Electrical Stimulation (eSTIM) Referral Assessment

Patien	t Name:		BRN:				
Addre	ss:		Date of Birth:				
Date:	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				
	Pressure ulcer	Pressure must be offloaded	Indicate pressure relieving devices in use:				
	Diabetic foot ulcer	Patient blood sugar is being monitored/controlled Wound must be offloaded	State blood sugar: State offloading device:				
	Venous leg ulcer	Must be in compression	State type of compression system:				
	Arterial ulcer	ABPI must be =/>0.5 or vascular assessment	State ABPI: Vascular studies complete yes □ no □				
		complete	Type of surgery:				
	Surgical	Must be open surgical wound					
	Pilonidal sinuses	Must be offloaded when patient is sitting/lying	Indicate pressure relieving devices in use:				
	Other		State type of wound:				
Wound	Measurements and I	Description					
Length	ı: cm	Width: cm D	epth cm				
Undermining: Tunneling:							
Expected therapy goals: Healing in weeks							
Wounds must have the following criteria to be eligible for eSTIM therapy:							
 Healable wounds Wounds that are not healing at the expected rate despite evidence-based wound care practices. Surgical wounds. Leg ulcers with ABPI =/> 0.5 Stage III to IV Pressure Ulcers. Dehisced wounds. 							
 Diabetic foot ulcers following surgical procedures or sharp debridement with viable tissue (ABPI =/> 0.5.) No eSTIM therapy contraindications exist (request will be denied if any of these are present): 							
 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.

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Patient Name:		e: BRN:				
•	Exposed blood vessels and/or organs.					
•	Recently radiated tissues.					
•	ABPI mu	ABPI must be =/>0.5 or vascular assessment complete.				
•		Pacemaker or other implanted device in the wound region.				
		ions have been addressed:				
•	Patient r	receiving anticoagulants with stable INRs.				
		ot experiencing active bleeding oranemia.				
	-	odeficient disease, for example Leukemia, HIV.				
		tologic disorders well-controlled.				
		es or hypertension well-controlled.				
		rent abuse of drugs oralcohol.				
		kin diseases causing rash or broken skin, areas of breakdown or irritation under the electrodes.				
•		Impaired sensation that prevents individuals from giving feedback				
	-	th impaired circulation (mild to moderate)				
	Unstable cardiac arrhythmia (if treating thorax or upper arm)					
		with history of Autonomic Dysreflexia				
		s protected from contamination by feces, urine or other caustic substances				
		inuation Criteria: eSTIM will be d/c if any of the following exist (APR required at 2 and 4 weeks of tx):				
•	When there is no measurable progress to wound healing within two weeks;					
•		ere is not 20-40 percent reduction in the size of the wound within three to four weeks;				
•						
•	· · ·	the following occur: bleeding, bruising, pain or muscle spasm during therapy, burn, the patient does ply with the treatment regime, a rash or broken skin develops, or the wound deteriorates.				
The						
		•				
		ed with eSTIM: Products containing ionic metal (silver, zinc), high salt (chloride, iodine) or petrolatum, and other oil				
bas	ed produc	ts. The only silver dressing compatible with eSTIM is the provided Silver Nylon dressing as it does not release silver				
Mon	opolar	Protocol:				
Tech	nique:	1. Prepare wound: cleanse, debride, including peri-wound, as required				
		2. Dispersive electrode (large) placed at least 30 cm away from wound				
		3. Active (smaller) electrode placed directly in wound with dressing and semi-occlusive cover dressing:				
		- Dressing Choice (please initial): Saline/hydrogel Soaked hydrofibre				
		Saline/hydrogel Soaked gauze dressing				
		Saline/hydrogel Soaked Silver Nylon Dressing				
		4. Connect dispersive electrode to red wire, active electrode to black wire - use extender if needed				
		5. Connect wires to machine				
		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)				
Bipo	lar	Protocol:				
Tech	nique:	1. Prepare wound: cleanse, debride, including peri-wound, as required				
		2. Wound dressing completed with semi-occlusive absorptive dressing:				
		- Dressing Choice (please initial): Saline/hydrogel Soaked hydrofibre				
		Saline/hydrogel Soaked gauze dressing				
		Saline/hydrogel Soaked Silver Nylon Dressing				
		3. Apply 2 electrodes of equal size on intact skin on either side of the wound (1 cm from edge)				
		4. Tape down electrodes if required (cloth tape) and attach one to black wire, one to red wire.				

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Patient Name:		BRN:
		Connect wires to machine, add extension wires if required.
		Set Stimulus: Polarity (-ve in week one, alternate +/- weekly), Frequency: High
		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		tocol:
Technique	1.	Dress the wound as normal, use the smallest dressing possible to allow the eSTIM to have the most
(sock):	2	contact with the leg as possible. Do not use wound products contraindicated above. Ensure the leg and foot are free of oils, zinc, metals etc that are not compatible with eSTIM
		Apply conductive spray or cream. Ensure good contact with all skin below the knee, including the foot.
		Apply the sock to the foot and lower leg. Removing creases. Try not to wipe off all the conductive
	٦.	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.
		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 instruct Provide altern Best Practice		if required): vound dressing treatment should the eSTIM need to be interrupted or discontinued: OR:
Name of Faci	lity/F	Provider:
Physician/Wo	ound	Care Specialist:
Supplies Requ	uired	;
Electrode Siz	e:	2" x 2" Square ☐ 2" x 3.5" Rectangle ☐ 2" x 4" Oval ☐
Silver therast		3/10c 3/2c dp to 0
(Calf Circumf	eren	Calf circumference < 35 cm Calf Circumference Calf Circumference 38-41 cm