



VAC Wound Care Specialists

1300 Peachtree Industrial Blvd. #1201

Suwanee, GA 30024

770-614-6266

www.vacwoundcarespecialists.com

February 7, 2025

[Home Health Agency Name]

[Agency Address]

[City, State, ZIP Code]

Subject: Patient Care Coordination and Information Sharing

Dear [Agency Representative's Name],

I am writing to provide important information regarding [Patient's Full Name], who is currently under the care of [Name of Other Provider] and requires coordinated services from your agency. As [your role—e.g., the patient's primary care physician, case manager, home health, or family member], I want to ensure seamless communication and collaboration between care providers to optimize the patient's health and well-being.

[Patient's Full Name] has been receiving [specific type of care, e.g., skilled nursing, physical therapy, wound care] from [Other Provider's Name] since [Start Date]. Their

current treatment plan includes [briefly describe the key aspects of the care being provided, including medications, therapies, and special needs].

To facilitate a smooth transition and coordination of care, I kindly request that your agency:

Review the patient's existing care plan and ensure alignment with your services.

Communicate any concerns or necessary modifications to the treatment plan.

Provide updates on the patient's progress and any significant changes in condition.

Coordinate with _____ (VAC Wound Care Specialists) to avoid duplication of services and ensure continuity of care.

Attached, you will find relevant medical records, treatment notes, and contact information for [Other Provider's Name] to assist in this transition. Please let me know if you require additional documentation or if a case conference call would be beneficial.

Thank you for your dedication and commitment to providing quality care. Please feel free to contact me at your earliest convenience to discuss the next steps in ensuring the best outcomes for [Patient's Name].

Sincerely,

[Your Name]

[Your Position, if applicable]

[Your Contact Information] email address and phone number

Acute Wound Care Plan

Patient Information

Name: _____ Age: _____

Gender: _____

Allergies:

Medical History: [Relevant medical conditions, e.g., diabetes, vascular disease]

Wound Type: ___ Laceration ___ Abrasion ___ Puncture ___ Burn ___ Surgical incision
___ Other _____

Wound Location: _____ [Specify body part]

Date of Injury: _____

Patient Review of notes and generalized assessment

Wound Characteristics:

Size: ___ Length x ___ Width x ___ Depth/cm

Color: ___ Red ___ Pink ___ Yellow ___ Necrotic

Drainage: ___ None ___ Serous ___ Purulent ___ Sanguineous

Odor: ___ None ___ Mild ___ Strong

Signs of Infection: ___ Redness ___ Swelling ___ Warmth ___ Pus ___ Fever

Pain Level 0-10 scale: ___ Pain score

Circulation & Sensation

Capillary refill: ___ Normal ___ Delayed ___ Unknown

Pulse near the wound: ___ Present ___ Absent

Neurological assessment: ___ Intact ___ Impaired

Treatment Plan

1. Wound Cleaning & Debridement

Clean wound with normal saline or antiseptic solution.

Remove debris and necrotic tissue if present.

For infected wounds, consider antimicrobial cleansing agents.

☐ Culture Needed ☐ Culture performed

2. Wound Dressing Recommended

☐ Dry, non-infected wound: Apply non-adherent dressing.

☐ Exudating wound: Use absorptive dressing (e.g., foam, hydrofiber).

☐ Infected wound: Apply antimicrobial dressing (e.g., silver-containing, iodine).

☐ Deep wounds: Pack with moist saline gauze if needed.

☐ Secure with bandages or adhesive dressing.

3. Pain Management Recommended

☐ Administer acetaminophen or NSAIDs as needed.

☐ Consider opioids for severe pain (if appropriate).

☐ Topical anesthetics (e.g., lidocaine) for wound pain relief.

4. Infection Control Recommended

☐ Educate on signs of infection: increasing pain, redness, swelling, pus, fever.

☐ Consider oral antibiotics if signs of infection present.

5. Adjunctive Therapies Recommended

☐ Elevate the affected area to reduce swelling.

☐ Encourage hydration and proper nutrition for healing.

☐ Compression therapy if indicated (e.g., venous wounds).

6. Follow-Up Plan Recommended

☐ Dressing change every [X] day/s or as needed.

☐ Reassess wound every [X] day/s for signs of healing.

☐ Schedule follow-up in [X] day/s/weeks.

If wound worsens or does not improve in [X] days, consider referral to a wound specialist.

Chronic Wound Care Specialists: _____

Patient Education

Keep wound clean and dry.

Change dressings as instructed.

Avoid pressure on the wound site.

Monitor for infection and seek medical attention if needed.

Proper nutrition (protein, vitamins A & C, zinc) to promote healing.