



Hyperbaric Health Services – Palatka  
 NPI# 1518518042  
 524 Zeagler Dr Palatka, Florida 32177  
 (386) 385-3857 ~ (386) 530-2052 Fax  
 HyperbaricsPalatka@gmail.com

Fillable version of this form available @  
**HyperbaricsPalatka.com/forms**  
 Additional treatment information on back of this form

# Advanced Wound Care/Hyperbaric Oxygen Therapy Referral Form

Common HBOT indications include but not limited to Compromised skin grafts and flaps, Diabetic Foot Ulcers, Osteomyelitis, OsteoRadionecrosis, Soft-tissue Radionecrosis, Gas-gangrene, Arterial Ischemia. Common indications for Advanced Wound Care include but not limited to Non-healing wounds, Diabetic wounds, Pressure Ulcers, Venous Ulcers, Sacral Wounds, Arterial Wounds, Trauma

Reason for Referral:     Evaluation/Both     Hyperbaric Oxygen Therapy     Wound Care

PATIENT INFORMATION	REFERRING INFORMATION
Patient Name: _____	Referring Physician: _____
D.O.B.: _____	NPI#: _____
Phone: _____	Referral Date: _____
Address: _____	Phone: _____
_____	Fax: _____

WOUND INFORMATION	INSURANCE INFORMATION
Diabetic Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Primary: _____
# of Wounds: _____	ID#: _____
Location of Wounds: _____	Secondary: _____
_____	ID#: _____
Wound Duration: _____	PCP: _____
Home Health: _____	PCP Phone: _____

**ADDITIONAL REQUESTED INFORMATION (If available)**

Face Sheet History & Physical Medication List Insurance Cards	Labs Wound Cultures Imaging Vascular Studies
--	---

**Referring Physician**  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Best time for brief consult/updates:     M     T     W     TH     F                       AM     PM

If wounds do not adequately heal with standard treatment, additional modalities may be required – these are often termed “**Advanced Wound Care** therapies.” Lower extremity ulcers are frequently classified etiologically as diabetic, venous, or arterial, though overlap may exist. Treatment modalities and wound care therapies are often selected based on the ulcer characteristics as well as patient factors, past treatment, and provider preference. A large and growing array of advanced wound care therapies are employed where standard wound care fails. Advanced wound care therapies include collagen, biological dressings, biological skin equivalents, keratinocytes, platelet-derived growth factor, platelet-rich plasma, silver products, intermittent pneumatic compression therapy, negative pressure wound therapy, hyperbaric oxygen therapy and other advances in wound management.

**Hyperbaric Oxygen Therapy (HBOT)** is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure. The patient is entirely enclosed in a pressure chamber breathing 100% oxygen (O<sub>2</sub>) at greater than one atmosphere (atm) pressure. Either a mono-place chamber pressurized with pure O<sub>2</sub> or a larger multi-place chamber pressurized with compressed air where the patient receives pure O<sub>2</sub> by mask, head tent, or endotracheal tube may be used.

Common indications for the use of Hyperbaric Oxygen Therapy Carbon monoxide poisoning, Cyanide poisoning, Crush injuries, Gas gangrene (a form of gangrene in which gas collects in tissues), Decompression sickness, Acute or traumatic inadequate blood flow in the arteries, Compromised skin grafts and flaps, Infection in a bone (osteomyelitis), Delayed radiation injury, Flesh-eating disease (also called necrotizing soft tissue infection), Air or gas bubble trapped in a blood vessel (air or gas embolism), Chronic infection called actinomycosis, Diabetic wounds that are not healing properly and more. Medicare and most insurance companies generally cover hyperbaric oxygen therapy for these conditions but may not do so in every circumstance.

HBOT helps wound healing by bringing oxygen-rich plasma to tissue starved for oxygen. Wound injuries damage the body's blood vessels, which release fluid that leaks into the tissues and causes swelling. This swelling deprives the damaged cells of oxygen, and tissue starts to die. HBOT reduces swelling while flooding the tissues with oxygen. The elevated pressure in the chamber increases in the amount of oxygen in the blood. HBOT aims to break the cycle of swelling, oxygen starvation, and tissue death.

HBOT prevents "reperfusion injury." That's the severe tissue damage that happens when the blood supply returns to the tissues after they have been deprived of oxygen. When blood flow is interrupted by a crush injury, for instance, a series of events inside the damaged cells leads to the release of harmful oxygen radicals. These molecules can do damage to tissues that can't be reversed and cause the blood vessels to clamp up and stop blood flow. HBOT encourages the body's oxygen radical scavengers to seek out the problem molecules and allow healing to continue.

HBOT helps block the action of harmful bacteria and strengthens the body's immune system. HBOT can disable the toxins of certain bacteria. It also increases oxygen concentration in the tissues. This helps them resist infection. In addition, the therapy improves the ability of white blood cells to find and destroy invaders.

HBOT encourages the formation of new collagen (connective tissue) and new skin cells. It does so by encouraging new blood vessel formation. It also stimulates cells to produce certain substances, like vascular endothelial growth factor. These attract and stimulate endothelial cells necessary for healing.

Hyperbaric Oxygen Therapy serves four primary functions:

- It increases the concentration of dissolved oxygen in the blood, which augments oxygenation to all parts of the body; and
- It replaces inert gas in the bloodstream with oxygen, which is then metabolized by the body; and
- It may stimulate the formation of a collagen matrix and angiogenesis; and
- It acts as a bactericide for certain susceptible bacteria.

The use of HBOT in chronic wounds is covered as adjunctive therapy only after there are no measurable signs of healing for at least 30 –days of treatment with standard wound therapy and must be used in addition to standard wound care. Standard wound care in patients with diabetic wounds includes: assessment of a patient's vascular status and correction of any vascular problems in the affected limb if possible, optimization of nutritional status, optimization of glucose control, debridement by any means to remove devitalized tissue, maintenance of a clean, moist bed of granulation tissue with appropriate moist dressings, appropriate off-loading, and necessary treatment to resolve any infection that might be present. Failure to respond to standard wound care occurs when there are no measurable signs of healing for at least 30 consecutive days. Wounds must be evaluated at least every 30 days during administration of HBO therapy. Continued treatment with HBO therapy is not covered if measurable signs of healing have not been demonstrated within any 30-day period of treatment.

Patients undergoing advanced wound care and/or hyperbaric oxygen therapy are generally more at risk for co-conditions and infection. Patients need to be thoroughly assessed for co-morbidities. These patients should understand the seriousness of their condition and be willing to make a full commitment to the healing process. Complete compliance with care plans is a must to avoid further failed healing or worsening of condition.

Additional Notes: