HOME AND COMMUNITY CARE
SUPPORT SERVICES
SOUTH WEST

Negative Pressure Wound Therapy Referral Information Sheet

Before initiation of Negative Pressure Wound Therapy (NPWT), the ordering physician / Wound Care Clinician must complete the following information

Date:_____ Address: _____

Client Name: _____ _____

BRN:_____ _____

Date of Birth (d/mm/yyyy): _____ _____

Comprehensive holistic patient and wound assessment completed. Patient is appropriate for use of NPWT:

Wound Type: Diagnosis (Check one):

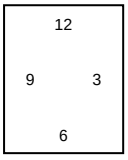
☐ Pilonidal sinuses ☐ Large surgical wound ☐ Mediastinal wound ☐ Necrotizing fasciitis wounds
☐ Pressure Injuries ☐ Orthopedic wound ☐ Traumatic wounds ☐ Diabetic foot

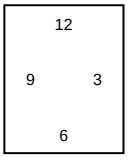
☐ Other: _____

Wound Location: _____

Wound measurements & description: Length:_____cm x width:_____cm x Depth:_____cm

Undermining: Tunneling:





Expected therapy goals: *(i.e. Flap/Graft/Closure/Prep for Surgery)*

_____ in_____weeks.

Wounds must meet the following criteria to be eligible for NPWT therapy:

- Open wounds for secondary closure or dehisced incision lines (typically changed every 42-78 hours)
- Closed Incisional support (can be left in place 2-7 days)
- Skin graft bolstering (left in place 4-5 days and removed by surgeon)
- Wound is well perfused
- Wound has a healthy wound bed with no greater than 20% necrotic tissue present
- Client's overall clinical condition is optimized

NPWT contraindications and precautions	
Inadequately debrided wound with presence of necrotic tissue (greater than 20% of wound bed)	No sharp fragments of bone are present in the wound.
Nutritional status is not adequate to support healing. (e.g. Braden nutritional score < 3, Nutritional compromise with serum albumin <35 g/dl, or pre-albumin level <16 mg/dL.)	Exposed tendons, ligaments and nerves must be protected with meshed non-adherent dressings or white foam before the NPWT dressing is applied.
Severe excoriation of periwound skin.	Client receiving anticoagulants with stable INRs.
An unexplored fistula or tunnel to organs or body cavities (other than chronic enteric fistulas.)	Not experiencing active bleeding or anemia
Unresolved, untreated osteomyelitis and any infection that is untreated prior to application.	Immunodeficient disease (e.g.Leukemia, HIV), haematologic disorders, diabetes and/or hypertension are well controlled.
Malignancy or cancer in wound margins.	No current abuse of drugs or alcohol.
Unresolved bleeding following debridement.	Systemic steroids.
Exposed blood vessels and/or organs	Inflammatory ulcers (e.g. pyoderma, vasculitis)
Client experiencing difficult homeostasis after debridement.	Insufficient ability to maintain an airtight seal due to location of the wound, incision or skin graft.

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Discontinuation Criteria:

- When there is no measurable progress to wound healing within two weeks;
- When there is not 20-40 percent reduction in the size of the wound within three to four weeks;
- The wound has healed such that the foam no longer fits the wound;
- The goals for healing have been met;
- If any of the following occur: bleeding, bruising, unmanaged pain in response to the therapy, an occlusive seal cannot be achieved, the client does not comply with the treatment regime, or the wound deteriorates.
- Regardless of decrease in size, if the wound is healing as expected the NPWT will be discontinued by the end of 6 to 8 weeks of treatment

The MRP or ordering health care provider has assessed that NPWT is safe to use for this client: ☐ YES ☐ NO

NPWT TREATMENT PLAN – Identify treatment type, dressing type, size, and delivery required:

KCI ActiVAC: ☐ Granufoam Kit: ☐ Small ☐ Medium ☐ Large
☐ Whitefoam Kit: ☐ Small ☐ Large
☐ 300 ml Cannister

Initial Settings : ☐ Continuous (1st 48 hours all wounds) ☐ Intermittent (if wound appropriate, after 48 hrs)

☐ 25mm/Hg ☐ 50mm/Hg ☐ 75mm/Hg ☐ 100mm/Hg ☐ 125mm/Hg ☐ 150mm/Hg ☐ 175mm/Hg ☐ 200mm/Hg

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PICO: PICO 14, 2pk Kit: ☐ 15cmx20cm ☐ 15cmx30cm
PICO Dressing Single: ☐ 15mx20cm ☐ 15cmx30cm

Special PICO 7 &PICO 14 Pump Placement Safety Considerations:

- For patients, family, caregivers and the public: the PICO7 PICO14 Pump contains a magnet that can cause other medical devices in close proximity to fail, leading to serious harm including death. The Pico7 Pump must be positioned at least 4" (10cm) away from other medical devices that could be affected by magnetic interference. These include but are not limited to: Implantable Cardioverter Defibrillator (ICD), Pacemakers, Insulin Pumps, Shunt Valves, Neurostimulators or Cochlear Implants.
- The PICO7 & PICO14 systems can be used in aircraft, train and boat transportation. During transport there is a potential for radio frequency interference that could affect PICO7 & PICO14 performance. If the PICO7/PICO14 pump malfunctions, replace batteries. If this this does not correct the problem, replace the device.

Delivery: ☐ **Regular Next Day Home Delivery** **Delivery Date Required:** _____

Provide alternate moist wound dressing treatment should the NPWT need to be interrupted or discontinued:

☐ At Nurse's discretion or ☐ Primary dressing:_____ Secondary dressing_____Dressing change frequency of dressing changes: _____

Name of Institution_____

Physician / Wound Specialist: _____

Signature: _____

For HCCSS Use Only:

SEND completed form to Vendor Yurek's with Service Referral –Pharmacy Consultation - via HPG.

Yureks Phone Number: 1-888-631-6502 **COPY TO**: Manager, Client Services

Thank you for your time and consideration