

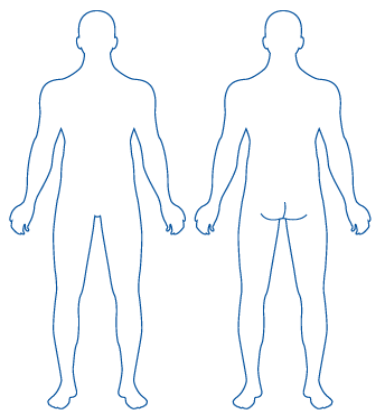
# HOME AND COMMUNITY CARE SUPPORT SERVICES

Champlain

## NPWT PRESCRIPTION FORM

Client Name:	DOB: MM/DD/YY	
Address:		
Telephone:	Health card number and VC:	

NOTE: THE MAXIMUM TREATMENT TIME FOR NPWT WITHIN Home and Community Care Support Services Champlain WILL BE 10 WEEKS Please check to indicate type of wound and ensure that eligibility criteria have been met.

Wound type	Eligibility Criteria Met	Location						
<input type="checkbox"/> Pressure Injury	Pressure offloaded, nutrition adequate	 <p>Approx. Wound size for ordering supplies:</p> <table border="1"> <tr> <td>Length (cm)</td> <td>Width (cm)</td> <td>Depth (cm)</td> </tr> <tr> <td colspan="3">Tunnel(s):</td> </tr> </table>	Length (cm)	Width (cm)	Depth (cm)	Tunnel(s):		
Length (cm)	Width (cm)		Depth (cm)					
Tunnel(s):								
<input type="checkbox"/> Diabetic Foot Ulcer	Glycemic Control, offloaded							
<input type="checkbox"/> Venous Leg ulcer	Must be in compression							
<input type="checkbox"/> Arterial Ulcer	ABPI must be >0.4, or equivalent vascular study							
<input type="checkbox"/> Surgical	Healing by secondary/tertiary intention							
<input type="checkbox"/> Other Specify type of wound:								
<p>Home and Community Care Support Services Champlain will <b>not</b> authorize NPWT for the same wound twice, unless there have been clinical changes. If the patient has had NPWT for the SAME wound, what has changed clinically?</p>								

**Treatment Orders for NPWT:** Dressings will be changed M, W, F for all wounds EXCEPT skin Grafts (per MD direction).

<b>Foam Type:</b> Please check to indicate required interface If none selected, Black Granufoam will be used	
<input type="checkbox"/>	Black Granufoam
<input type="checkbox"/>	Silver Granufoam
<input type="checkbox"/>	White Foam
<input type="checkbox"/>	Non-adherent contact layer
<b>Therapy:</b> Please check to indicate required setting	
<input type="checkbox"/>	Continuous
<input type="checkbox"/>	Intermittent

<b>Pressure:</b> Please check to indicate required setting	
<input type="checkbox"/>	-50 mmHg
<input type="checkbox"/>	-75 mmHg
<input type="checkbox"/>	-100 mmHg
<input type="checkbox"/>	-125 mmHg
If not specified, default pressures on reverse will be used	

Additional instructions/supplies: \_\_\_\_\_

Conventional Dressing Orders (in event of pump failure) \_\_\_\_\_  
If left blank, community wound protocol will be used.

Prescriber Name: PRINT \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Prescriber # \_\_\_\_\_ Phone # \_\_\_\_\_

By signing this form, you acknowledge that the eligibility criteria for NPWT has been met, that you agree with the discontinuation guidelines and you are aware Home and Community Care Support Services provides a maximum of 10 weeks of NPWT therapy.

**HOME AND COMMUNITY CARE  
SUPPORT SERVICES**

Champlain

**NPWT PRESCRIPTION FORM**

Contraindications to NPWT	Precautions for NPWT
<ul style="list-style-type: none"> <li>• Non-enteric fistula or unexplored fistula</li> <li>• Tunnels too narrow to insert/remove packing</li> <li>• Narrow opening prohibiting access to wound</li> <li>• Foam contacting exposed vessels/organs</li> <li>• Excessive necrotic tissue/eschar in wound bed (&gt; 50%)</li> <li>• Untreated osteomyelitis</li> <li>• Malignancy in wound</li> <li>• Unaddressed barriers to wound healing</li> </ul>	<ul style="list-style-type: none"> <li>• Weakened or friable vessels/organs in or around wound related to anastomosis/graft/infection/trauma/radiation</li> <li>• Anticoagulation therapy or platelet aggregation inhibitors</li> <li>• Insufficient tissue around wound to obtain seal</li> <li>• Spinal cord lesions level T6 and above</li> </ul>

The following eligibility criteria must be met for provision of NPWT within Home and Community Care Support Services Champlain:

- Adequate nutritional status
- Glucose levels within target range
- Appropriate home situation, safety risk
- Offloading/pressure redistribution

The Community nurse will reassess the above conditions when providing care in the home. If any are not being met, the NPWT will be discontinued.

**Therapy will be provided for a MAXIMUM of 10 weeks and will be re-evaluated regularly by the nurse and discontinued if appropriate under the following circumstances:**

- When adequate wound healing has occurred (as determined by NSWOC, nurse or prescriber)
- Wound is ready for epithelialization
- No measureable progress in wound healing in two weeks
- Less than 20-30% reduction in size of wound following 21-28 days of therapy
- Patient does not adhere to NPWT therapy or meet conditions for NPWT Provision
- Wound or surrounding tissue deteriorates; Excessive bleeding/bruising
- Inability to obtain an adequate seal (after re-evaluation by NSWOC)

Default NPWT Pressure Setting		
Wound type	Granufoam (silver or black)	White Versa Foam
Pressure Injury	-125 mmHg continuous	-125 to -175 mmHg Continuous
Diabetic Foot Ulcer	-50 to -125 mmHg Intermittent (if able to maintain adequate seal)	-125 to -175 mmHg
Venous Leg ulcer	-125 to -175 mmHg continuous	-150 to -175 mmHg continuous
Arterial Ulcer	-50 to -125 mmHg intermittent if able to maintain adequate seal	-125 to -175 mmHg
Surgical	-125 mmHg Continuous	-125 to -175 mmHg continuous
Acute/traumatic/partial thickness burns	-125 mmHg continuous	-125 to -175 mmHg continuous
Meshed Graft/bioengineered Tissues	-75 to -125 mmHg continuous	
Tunneling and Undermining	Pressure increased by -25 mmHg when using white foam—setting, continuous	