

## 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):**

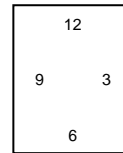
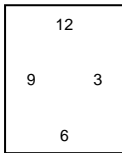
- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Pilonidal sinuses | <input type="checkbox"/> Large surgical wound | <input type="checkbox"/> Mediastinal wound | <input type="checkbox"/> Necrotizing fasciitis wounds |
| <input type="checkbox"/> Pressure Injuries | <input type="checkbox"/> Orthopedic wound     | <input type="checkbox"/> Traumatic wounds  | <input type="checkbox"/> Diabetic foot                |
| <input type="checkbox"/> 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

<b>NPWT contraindications and precautions</b>	
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.

# Negative Pressure Wound Therapy Referral Information Sheet

## 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 (1<sup>st</sup> 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

- 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 OHaH 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: Patient Services Manager

**Thank you for your time and consideration**