

Negative Pressure Wound Therapy Referral Form

Contact the Home and Community Care Support Services HNHB at **1-800-810-0000**

Patient Name _____ **HCN** _____ **VC** _____ **DOB** _____

Address _____ **City** _____ **Province** _____ **Postal Code** _____

Patient Phone # _____ **Contact Name** _____ **Contact Phone** _____

Wound Type:		
<input type="checkbox"/> Pressure Ulcer <input type="checkbox"/> Stage 3 <input type="checkbox"/> Stage 4 State Pressure Relieve Device: _____	<input type="checkbox"/> NO contraindications for NPWT are present (see back of form) <input type="checkbox"/> Diabetic Foot Ulcer <input type="checkbox"/> Free of hyperkeratosis Hba1c Results: _____ State Pressure Relieving Device: _____	<input type="checkbox"/> Surgical Wound <input type="checkbox"/> 10 days or older <input type="checkbox"/> Healing by secondary / tertiary intention Type of surgery: _____
<input type="checkbox"/> Arterial Ulcer ABI performed results: _____ *if ABI is less than 0.6, NPWT is contraindicated.	<input type="checkbox"/> Venous Ulcer ABI performed results: _____ Type of Compression Therapy: _____	Amount of drainage: _____ Type: <input type="checkbox"/> Burn <input type="checkbox"/> Trauma <input type="checkbox"/> Inflammatory <input type="checkbox"/> Other: _____
Wound: L _____ x W _____ x D _____		
Treatment Orders: Please indicate below dressing type, size and pressure desired (see reverse for suggested pressures)		
<input type="checkbox"/> Renasys GO Canister (Black Foam) Pressure (mmHg) _____ <input type="checkbox"/> Continuous or <input type="checkbox"/> Intermittent Dressing Size (foam): <input type="checkbox"/> Small (10 cm x 8 cm x 3 cm) <input type="checkbox"/> Medium (20 cm x 12.5 cm x 3cm) <input type="checkbox"/> Large (43 cm x 30 cm x 3 cm)	<input type="checkbox"/> Renasys GO Canister (Gauze) Pressure (mmHg) _____ <input type="checkbox"/> Continuous or <input type="checkbox"/> Intermittent Dressing Size (gauze): <input type="checkbox"/> Small (10 cm x 10 cm) <input type="checkbox"/> Medium (2 - 15 cm x 17 cm) <input type="checkbox"/> Large (one roll AMD gauze)	<input type="checkbox"/> PICO (Single Use Pump + Dressings) Pressure is standard - 80 mmHg and pump is operational for 7 days maximum. Initial and one dressing change are included in the kit Dressing Size: <input type="checkbox"/> 15 cm x 15 cm <input type="checkbox"/> 10 cm x 20 cm <input type="checkbox"/> 10 cm x 30 cm <input type="checkbox"/> 10 cm x 40 cm <input type="checkbox"/> 15 cm x 20 cm <input type="checkbox"/> 15 cm x 30 cm <input type="checkbox"/> 20 cm x 20 cm <input type="checkbox"/> 25 cm x 25 cm
Additional orders (e.g. silver required) Note: dressings are typically changed q3days		
Conventional dressing orders until therapy start or in case of interruption:		
NOTES: NPWT will be assessed by a Wound Care Consultant in the community & the settings adjusted accordingly based on exudate and patient tolerance. Continuation of NPWT is dependent on wound healing goals being met. Maximum treatment time for NPWT within HCCSS HNHB will be 12 weeks.		
Name (Print): _____	Date(dd/mm/yy): _____	
Signature and Designation: _____	Attending Physician: _____	

Patient Name _____ HCN _____

RENASYS -Contraindications to NPWT	Precautions
Necrotic tissue with eschar present	Receiving anticoagulant therapy, platelet aggregation inhibitors
Untreated Osteomyelitis	Active bleeding or have weakened blood vessels or organs
Malignancy in wound	Wounds in close proximity to blood vessels or delicate fascia
Exposed arteries, veins, organs or nerves	Abnormal wound hemostasis
Non enteric and unexplored fistulas	Immunodeficiency
Anastomotic sites	Uncontrolled Diabetes
Unmanaged pain	Uncontrolled hypertension
ABI less than 0.6	Untreated for malnutrition
Pregnancy or Breast Feeding	Drug or alcohol abuse
	Non-compliance or combativeness

Renasys provides clinician option of choosing gauze or foam wound interface with the same NPWT unit based on consideration of wound characteristics and clinical judgement.

Renasys Gauze Prescribing Suggestions

Pressure Settings

- Pressure setting for the RENASYS NPWT System ranges from 40-120 mmHg.
- A lower pressure range between 60-80 mmHg provides less painful NPWT while handling most exudates levels, types and consistencies.
- Continuous mode is recommended however based on clinical judgment, intermittent mode may also be chosen with a cycle of 5min on and 2minutes off

Dressing Change Frequency

- Renasys-G Dressing Kit should be changed 48 hours after initiating therapy. If patient is comfortable and the wound is responding positively to the therapy, the subsequent dressing change frequency is 2 – 3 times per week.
- Infected wounds may require more frequent dressing changes,

Skin Grafts

- Pressure setting recommendation is 40-120 mmHg
- Initial dressing change at 3-5 days depending upon physician/clinician preferences.
- Duration of therapy is also a physician/clinician decision (generally 3-10 days).

Flaps

- Pressure setting range from 40-120 mmHg. The larger, more bulky grafts may require the higher end of the pressure range to maintain stability.
- Initial dressing change at 3-5 days depending upon physician/clinician preference.

Renasys Foam Prescribing Suggestions

Pressure Settings.

- When using a foam interface the usual pressure range is 80 – 120 mmHg.
- Use of a pressure level of 80 mmHg may reduce patient discomfort and potential for tissue in-growth.
- Continuous mode is recommended however based on clinical judgment intermittent mode may also be chosen with a cycle of 5min on and 2minutes off

Dressing Change Frequency

- In the event of heavy drainage, drainage with sediment, or infected wounds, more frequent dressing changes may be needed.

Full Thickness Skin Grafts

- Pressure setting recommendation is 40-120 mmHg
- Exudate level should decrease after the first 24-48 hrs.
- Duration of therapy is also a physician/clinician decision (generally 3-10 days).

For moderate to highly exudating wounds, higher pressures (>80mmHg) are better suited to adequately remove fluid from the wound. This applies to NPWT used with both foam and gauze interfaces.

PICO Prescribing Suggestions

Pressure Setting

- -80mmHg

Dressing Change Frequency

- Every 7 days dependent on amount of exudate

Usage

- Low to moderate exudating wounds i.e. <50ml

For more detailed information please visit:

<http://myrenasys.com/downloads/RNME-22-0112-NAE%20RENASYS%20GO%20user%20manual.pdf>

http://possiblewithpico.com/docs/PICO%20CAE%20IFU%20whole_1-2.pdf