

Negative Pressure Wound Therapy

Special Circumstances – Wide Resection with STSG – 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 _____

Patient Information

Primary Diagnosis _____ Secondary Diagnosis _____
 Surgical Procedure _____ Date _____
 Patient/SDM is aware of referral Yes No Contact Person _____

NPWT Orders

Please Read: A Wound Care Consult referral and Negative Pressure Wound Therapy dressing changes are NOT required. Do not change the NPWT Dressing, only reinforce the drape as required with Transparent Film.

If there is a leak in the dressing, assess and reinforce the dressing with Tegaderm or Opsite. If that fails, call the surgeon who completed the surgery. If there is no response within a half hour, or if it is afterhours, refer the patient to the hospital ER where the surgery was performed. If the patient is sent to the hospital ER, please ensure that the machine and supplies required for a complete dressing change are sent with the patient as hospitals do not carry the required supplies.

Date of discontinuation of NPWT by Physician _____

Dressing orders for Donor Site _____

Weight Bearing Status Full Partial Feather Non-Weight Bearing

Equipment and Dressing

**** This referral must be received a minimum of 48 hours in advance of surgery to allow sufficient time for HCCSS HNHB staff to arrange the delivery equipment and supplies. Equipment and supplies will be delivered to the Operating Room on the day of surgery. ****

Renasys GO Canister (Black Foam)	Renasys GO Canister (Gauze)	PICO (Single Use Pump & Dressing)
Pressure (mmHg) _____ <input type="checkbox"/> Continuous or <input type="checkbox"/> Intermittent	Pressure (mmHg) _____ <input type="checkbox"/> Continuous or <input type="checkbox"/> Intermittent	Pressure is standard - 80 mmHg and pump is operational for 7 days maximum.
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)	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)	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

Signature

Referring Practitioner Name _____ CPSO# _____

Phone _____ Fax _____ Pager _____

Signature _____ Date _____ Time _____

Patient Name _____ HCN _____

Contraindications to NPWT	Precautions for NPWT
Necrotic tissue with eschar present	Receiving anticoagulant therapy, platelet aggregation inhibitors
Untreated Osteomyelitis or systemic infection	Active bleeding or have friable blood vessels or organs
Malignancy in wound	Wounds in close proximity to blood vessels or delicate fascia
Exposed arteries, veins, organs or nerves	Difficult 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 <50ml