

## Negative Pressure Wound Therapy (NPWT) Referral Form

### PATIENT INFORMATION

(Last Name, First Name) \_\_\_\_\_

BRN: \_\_\_\_\_

Home Address: \_\_\_\_\_ DOB: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Gender:  Male  Female  Undifferentiated  Unknown Pronouns: \_\_\_\_\_

Health Card Number and Version Code: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Diabetic:  Yes  No

Allergies:  Yes  No  Unknown Specify: \_\_\_\_\_ Latex Allergy:  Yes  No  Unknown

### WOUND TYPE

The following conditions can be considered for the application of NPWT. Please indicate reason for referral.

Acute Wound  Surgical (dehiscid)  Traumatic  Abdominal  Pilonidal cyst  Partial thickness burn

Chronic Open Wound  Diabetic ulcer (offloaded)  Venous leg ulcer  Stage 3 or 4 pressure injury (offloaded)

Adjunct to Surgery  Preparation of wound bed  Incisional support  Securing skin graft post-operatively

Oncology Related  Wound complicated by radiation  Support wound healing prior to start of chemotherapy

### WOUND DESCRIPTION

Location: \_\_\_\_\_ Length: \_\_\_\_\_ cm x Width: \_\_\_\_\_ cm x Depth: \_\_\_\_\_ cm

Undermining Details if applicable: \_\_\_\_\_

Tunneling Details if applicable: \_\_\_\_\_

Note: NPWT will continue to be assessed in the community, and settings may be reviewed based on exudate and patient tolerance. Continuation of NPWT is dependent on wound healing goals being met. Maximum treatment time for NPWT is 8 weeks.

### NPWT TREATMENT ORDERS

**ActiVAC** (indicate pressure settings and dressing details below)

Pressure (mmHg): \_\_\_\_\_  Continuous **OR**  Intermittent

Dressing (select one):

Granufoam Black:

Small (10 cm x 7.5 cm x 3.2 cm)

Medium (18 cm x 12.5 cm x 3.2 cm)

Large (26 cm x 15 cm x 3.2 cm)

X-Large (60 cm x 30 cm x 3.2 cm)

Granufoam Silver:

Small (10 cm x 7.5 cm x 3.2 cm)

Medium (18 cm x 12.5 cm x 3.2 cm)

Large (26 cm x 15 cm x 3.2 cm)

White Foam:

Small (10 cm x 7.5 cm x 1 cm)

Large (10 cm x 15 cm x 1 cm)

Simplace Ex:

Small (7.7 cm x 11.2 cm x 1.75 cm)

Medium (14.7 cm x 17.4 cm x 1.75 cm)

**PICO** (single use, disposable)

Pressure:  80 mmHg (non-adjustable)

Dressing Size:

10 cm x 20 cm  10 cm x 30 cm  15 cm x 15 cm

**VIA** (single use, disposable)

Pressure:  75 mmHg **OR**  125 mmHg

Dressing Size:  14.5 cm x 17 cm

**SNAP** (single use, disposable)

Pressure:  125 mmHg (non-adjustable)

Dressing Size:  10 cm x 10 cm  15 cm x 15 cm

### CONVENTIONAL DRESSING ORDERS

Patients will be started on conventional dressings until NPWT can be initiated. Conventional orders also required in the case of service interruption.

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(Patient Last Name, First Name)

BRN:

### PRECAUTIONS AND CONTRAINDICATIONS

The precautions and contraindications listed below have been reviewed, and it is determined that NPWT is appropriate to be used for patient

**Yes**  **No** (conventional dressings will be utilized until addressed)

The following conditions are considered precautions in the use of NPWT:

- Immunodeficiency (e.g. Leukemia, HIV);
- Hematologic disorders;
- Systemic or local signs of infection;
- Uncontrolled diabetes;
- Systemic steroids;
- Receiving anticoagulant therapy;
- The location of the wound will interfere with the therapy;
- Nutritional impairment;
- History of non-compliance;
- Home environment not conducive to NPWT (i.e. cleanliness, animals, etc.); or
- Patient unable to adhere to minimum of 22 hours of therapy/day.

The following risk factors contraindicate the use of NPWT;

- Inadequate wound visualization;
- Untreated infection in the wound site;
- Fistulas to body cavities or organs;
- Presence of unbridged necrotic tissue with eschar;
- Untreated Osteomyelitis;
- Malignancy or cancer in the wound margins;
- Unresolved bleeding following debridement; or
- Exposed vasculature, nerves or organ

### PRESCRIBER INFORMATION

Name:	Phone:	Fax:
Signature:	After Hours Number:	
CPSO/CNO#:	Date:	