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|---|--|---|---|--|--|
| <input type="checkbox"/> <b>Kirkland Lake</b><br>53 Government Rd. W./<br>53, ch. Government O.<br>Kirkland Lake ON P2N 2E5<br>Tel/Tél : 705 567 2222<br>Fax/Télec : 705 567 9407 | <input type="checkbox"/> <b>North Bay</b><br>1164 Devonshire Ave./<br>1164, av. Devonshire<br>North Bay ON P1B 6X7<br>Tel/Tél : 705 476 2222<br>Fax/Télec : 705 474 0080 | <input type="checkbox"/> <b>Parry Sound</b><br>6 Albert St./<br>6, rue Albert<br>Parry Sound ON P2A 3A4<br>Tel/Tél : 1 800 440 6762<br>Fax/Télec : 1-855-773-4056 | <input type="checkbox"/> <b>Sault Ste. Marie</b><br>390 Bay St., Main Floor/<br>390, rue Bay, 1e étage<br>Sault Ste. Marie ON P6A 1X2<br>Tel/Tél : 705 949 1650<br>Fax/Télec : 705 949 1663 | <input type="checkbox"/> <b>Sudbury</b><br>40 Elm St., Suite 41-C/<br>40, rue Elm, bureau 41-C<br>Sudbury ON P3C 1S8<br>Tel/Tél : 705 522 3461<br>Fax/Télec : 705 522 3855 | <input type="checkbox"/> <b>Timmins</b><br>330 Second Ave., Suite 101/<br>330 av. Second, bureau 101<br>Timmins ON P4N 8A4<br>Tel/Tél : 705 267 7766<br>Fax/Télec : 705 267 7795 |
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TTY / ATS 711 (ask operator for 1-888-533-2222 / veuillez demander le téléphoniste pour le 1-888-533-222)  
Toll Free / Sans frais: 1-800-461-2919 or / ou 310-2222 no area code required / indicatif régional non requis.

**\*Hospital: Use hospital Ontario Health atHome fax number**

## Negative Pressure Wound Therapy Referral Form

Name:		Health Card #:		Version Code:	
Address:				Postal Code:	
Date of Birth:			Phone:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Unknown Pronouns:					
Diagnosis:				Diabetic: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Specify:			Latex Allergy: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
WOUND TYPE					
The following conditions can be considered for the application of NPWT. Please indicate reason for referral.					
Acute Wound	<input type="checkbox"/> Surgical (dehiscid)	<input type="checkbox"/> Traumatic	<input type="checkbox"/> Abdominal	<input type="checkbox"/> Pilonidal cyst	<input type="checkbox"/> Partial thickness burn
Chronic Open Wound	<input type="checkbox"/> Diabetic ulcer (offloaded) <input type="checkbox"/> Venous leg ulcer		<input type="checkbox"/> Stage 3 or 4 pressure injury (offloaded)		
Adjunct to Surgery	<input type="checkbox"/> Preparation of wound bed <input type="checkbox"/> Incisional support		<input type="checkbox"/> Securing skin graft post-operatively		
Oncology Related	<input type="checkbox"/> Wound complicated by radiation		<input type="checkbox"/> Support wound healing prior to start of chemotherapy		
WOUND DESCRIPTION					
Location:		Length:      cm x Width:      cm x Depth:      cm			
<input type="checkbox"/> Undermining    Details if applicable:		<input type="checkbox"/> Tunneling    Details if applicable:			
<b>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.</b>					
NPWT TREATMENT ORDERS					
<input type="checkbox"/> <b>ActiVAC</b> (indicate pressure settings and dressing details below)			<input type="checkbox"/> <b>PICO</b> (single use, disposable)		
Pressure (mmHg): _____ <input type="checkbox"/> Continuous <b>OR</b> <input type="checkbox"/> Intermittent			Pressure: <input type="checkbox"/> 80 mmHg (non-adjustable)		
Dressing (select one):			Dressing Size:		
Granufoam Black:			<input type="checkbox"/> 10cm x 20cm <input type="checkbox"/> 10cm x 30cm <input type="checkbox"/> 15cm x 15cm		
Silver Granufoam:			<input type="checkbox"/> <b>VIA</b> (single use, disposable)		
<input type="checkbox"/> Small (10cm x 7.5cm x 3.2cm)			Pressure: <input type="checkbox"/> 75 mmHg <b>OR</b> <input type="checkbox"/> 125 mmHg		
<input type="checkbox"/> Medium (18cm x 12.5cm x 3.2cm)			Dressing Size:		
<input type="checkbox"/> Large (26cm x 15cm x 3.2cm)			<input type="checkbox"/> 14.5cm x 17cm		
<input type="checkbox"/> X-Large (60cm x 30cm x 3.2cm)			<input type="checkbox"/> <b>SNAP</b> (single use, disposable)		
White Foam:			Pressure: <input type="checkbox"/> 125 mmHg (non-adjustable)		
<input type="checkbox"/> Small (10cm x 7.5cm x 1cm)			Dressing Size:		
<input type="checkbox"/> Large (10cm x 15cm x 1cm)			<input type="checkbox"/> 10cm x 10cm <input type="checkbox"/> 15cm x 15cm		
Simplace Ex:					
<input type="checkbox"/> Small (7.7cm x 11.2cm x 1.75cm)					
<input type="checkbox"/> Medium (14.7cm x 17.4cm x 1.75cm)					

### 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.

Patient Name:

HCN:

### 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:

After Hours Number:

Signature:

CPSO/CNO#:

Date: