

☐ Kirkland Lake	☐ North Bay	☐ Parry Sound	☐ Sault Ste. Marie	☐ Sudbury	☐ Timmins
53 Government Rd. W./	1164 Devonshire Ave./	6 Albert St./	390 Bay St., Main Floor/	40 Elm St, Suite 41-C/	330 Second Ave., Suite 10 ⁻
53, ch. Government O.	1164, av. Devonshire	6, rue Albert	390, rue Bay, 1e étage	40, rue Elm, bureau 41-C	330 av. Second, bureau 10
Kirkland Lake ON P2N 2E5	North Bay ON P1B 6X7	Parry Sound ON P2A 3A4	Sault Ste. Marie ON P6A 1X2	Sudbury ON P3C 1S8	Timmins ON P4N 8A4
Tel/Tél : 705 567 2222	Tel/Tél : 705 476 2222	Tel/Tél : 1 800 440 6762	Tel/Tél : 705 949 1650	Tel/Tél : 705 522 3461	Tel/Tél : 705 267 7766
Fax/Télec : 705 567 9407	Fax/Télec : 705 474 0080	Fax/Télec : 1-855-773-4056	Fax/Télec : 705 949 1663	Fax/Télec : 705 522 3855	Fax/Télec : 705 267 7795

TTY / ATS 711 (ask operator for 1-888-533-2222 / veillez 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

Chronic Open Wound Diabetic ulcer (offloaded) Denous 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	Name:		Health Ca	ard #: Version Code:		
Diagnosis:	Address:				Postal Code:	
Diagnosis:	Date of Birth:		Phone:			
Allergies: Yes	Gender: ☐ Male ☐ Fe	male 🗆 Non-binary 🗀 Unknown F	Pronouns:			
The following conditions can be considered for the application of NPWT. Please indicate reason for referral. Acute Wound	Diagnosis:				Diabetic: ☐ Yes ☐ No	
The following conditions can be considered for the application of NPWT. Please indicate reason for referral. Acute Wound	Allergies: ☐ Yes ☐ No	☐ Unknown Specify:	Latex A	llergy: ☐ Yes ☐ N	Io □ Unknown	
Acute Wound Surgical (dehisced) 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		WOL	JND TYPE			
Chronic Open Wound	The following conditions	can be considered for the application of N	PWT. Please in	dicate reason for refe	rral.	
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:	Acute Wound	□Surgical (dehisced) □Traumatic	□Ab	dominal □Pilonida	al cyst □Partial thickness burn	
Oncology Related	Chronic Open Wound	□Diabetic ulcer (offloaded) □Venous leg	ulcer □Sta	nge 3 or 4 pressure inju	ury (offloaded)	
Location: Length: cm x Width: cm x Depth: cm Undermining Details if applicable:	Adjunct to Surgery	□Preparation of wound bed □Incisional s	upport □Sed	curing skin graft post-	pperatively	
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): □ 10cm x 20cm □ 10cm x 30cm □ 15cm x 15cm Granufoam Black: Silver Granufoam: □ VIA (single use, disposable) Pressure: □ 10cm x 20cm □ 10cm x 30cm □ 15cm x 15cm Medium (18cm x 12.5cm x 3.2cm) □ Small (10cm x 7.5cm x 3.2cm) □ Medium (18cm x 12.5cm x 3.2cm) □ Large (26cm x 15cm x 3.2cm) □ Large (26cm x 15cm x 3.2cm) □ Large (26cm x 15cm x 3.2cm) □ X-Large (60cm x 30cm x 3.2cm) □ Large (26cm x 15cm x 3.2cm) □ Small (10cm x 7.5cm x 1cm) □ Small (7.7cm x 11.2cm x 1.75cm) □ Large (10cm x 15cm x 1cm) □ Medium (14.7cm x 17.4cm x 1.75cm) □ Large (10cm x 15cm x 1cm) □ Medium (14.7cm x 17.4cm x 1.75cm) □ Dressing Size: □ 25 mmHg (non-adjustable)	Oncology Related	☐Wound complicated by radiation	□Su _l	pport wound healing p	prior to start of chemotherapy	
□Undermining 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) □ PICO (single use, disposable) Pressure (mmHg): □ Continuous OR □ Intermittent Dressing (select one): □ 10cm x 20cm □ 10cm x 30cm □ 15cm x 15cm Granufoam Black: Silver Granufoam: □ VIA (single use, disposable) Pressure: □ 75 mmHg OR □ 125 mmHg □ Small (10cm x 7.5cm x 3.2cm) □ Medium (18cm x 12.5cm x 3.2cm) □ Dressing Size: □ 14.5cm x 17cm □ Large (26cm x 15cm x 3.2cm) □ Large (26cm x 15cm x 3.2cm) □ 14.5cm x 17cm □ White Foam: Simplace Ex: □ SMAP (single use, disposable) □ Small (10cm x 7.5cm x 1cm) □ Small (7.7cm x 11.2cm x 1.75cm) □ Pressure: □ 125 mmHg (non-adjustable) □ Dressing Size: □ 125 mmHg (non-adjustable) Pressure: □ 125 mmHg (non-adjustable) Dressing Size:		WOUND	DESCRIPTION	ON		
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Dressing (select one): Granufoam Black: Silver Granufoam: Small (10cm x 7.5cm x 3.2cm) Medium (18cm x 12.5cm x 3.2cm) Large (26cm x 15cm x 3.2cm) X-Large (60cm x 30cm x 3.2cm) White Foam: Simplace Ex: Sinplace Ex: Silver Granufoam: Medium (18cm x 12.5cm x 3.2cm) Large (26cm x 15cm x 3.2cm) Simplace Ex: Simplace Ex: Simplace Ex: Simplace Ex: Medium (14.7cm x 11.2cm x 1.75cm) Medium (14.7cm x 17.4cm x 1.75cm) Dressing Size: □10cm x 20cm □10cm x 30cm □15cm x 15cm □10cm x 20cm □10cm x 30cm □15cm x 15cm □10cm x 20cm □10cm x 30cm □15cm x 15cm □10cm x 20cm □10cm x 30cm □15cm x 15cm □10cm x 20cm □10cm x 30cm □15cm x 15cm □10cm x 20cm □10cm x 30cm □15cm x 15cm □10cm x 20cm □10cm x 30cm □15cm x 15cm □10cm x 20cm □10cm x 30cm □15cm x 15cm x 15cm □10cm x 20cm □10cm x 30cm □15cm x 15cm x 15cm □10cm x 20cm □10cm x 30cm □15cm x 15cm x 15cm □10cm x 20cm □10cm x 30cm □15cm x 15cm x 15cm □10cm x 20cm □10cm x 30cm □15cm x 15cm x 15cm □10cm x 20cm □10cm x 20cm □10cm x 30cm □15cm x 15cm x 15cm □10cm x 20cm □10cm x 20cm □10cm x 30cm □15cm x 15cm x 15cm □10cm x 20cm □10cm x 20cm □10cm x 20cm □10cm x 20cm □10cm x 30cm □15cm x 15cm x 15cm □10cm x 20cm □10cm x 20cm □10cm x 20cm □10cm x 20cm □10cm x 30cm □15cm x 15cm □10cm x 20cm □10cm x 30cm □15cm x 15cm □10cm x 20cm □10cm x 30cm □15cm x 15cm x 15cm □10cm x 20cm □10cm x 30cm □15cm x 15cm x 15cm □10cm x 20cm □10cm x 30cm □10cm x	Pressure (mmHg):	□Continuous OR □ I	ntermittent	Pressure: □80 mm	Hg (non-adjustable)	
Granufoam Black: ☐ Small (10cm x 7.5cm x 3.2cm) ☐ Medium (18cm x 12.5cm x 3.2cm) ☐ Large (26cm x 15cm x 3.2cm) ☐ X-Large (60cm x 30cm x 3.2cm) ☐ Small (10cm x 7.5cm x 1cm) ☐ Small (10cm x 7.5cm x 1.2cm) ☐ Large (10cm x 15cm x 1cm) ☐ Small (1.2cm x 1.75cm) ☐ Small (1.2cm x 1.75cm) ☐ Dressing Size: ☐ SNAP (single use, disposable) ☐ Pressure: ☐ 75 mmHg OR ☐ 125 mmHg ☐ Dressing Size: ☐ 14.5cm x17cm ☐ SNAP (single use, disposable) ☐ Pressure: ☐ 125 mmHg ☐ Dressing Size:				Dressing Size:		
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□ Medium (18cm x 12.5cm x 3.2cm) □ Medium (18cm x 12.5cm x 3.2cm) □ Dressing Size: □ Large (26cm x 15cm x 3.2cm) □ Large (26cm x 15cm x 3.2cm) □ 14.5cm x17cm □ White Foam: Simplace Ex: □ SNAP (single use, disposable) □ Small (10cm x 7.5cm x 1cm) □ Small (7.7cm x 11.2cm x 1.75cm) □ Pressure: □ 125 mmHg (non-adjustable) □ Large (10cm x 15cm x 1cm) □ Medium (14.7cm x 17.4cm x 1.75cm) □ Dressing Size:						
□ Large (26cm x 15cm x 3.2cm) □ X-Large (60cm x 30cm x 3.2cm) □ White Foam: □ Small (10cm x 7.5cm x 1cm) □ Large (10cm x 15cm x 1cm) □ Medium (14.7cm x 17.4cm x 1.75cm) □ Dressing Size: □ 14.5cm x17cm □ SNAP (single use, disposable) Pressure: □ 125 mmHg (non-adjustable) □ Dressing Size:			•	Pressure: □75 mm	Hg OR □125 mmHg	
White Foam: Simplace Ex: Small (10cm x 7.5cm x 1cm) Small (7.7cm x 11.2cm x 1.75cm) Large (10cm x 15cm x 1cm) Medium (14.7cm x 17.4cm x 1.75cm) Dressing Size:	•		-	Dressing Size:		
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□ Small (10cm x 7.5cm x 1cm) □ Small (7.7cm x 11.2cm x 1.75cm) Pressure: □125 mmHg (non-adjustable) □ Large (10cm x 15cm x 1cm) □ Medium (14.7cm x 17.4cm x 1.75cm) Dressing Size:	□ X-Large (Oocili x 30cili x 3.2	2011)				
□ Large (10cm x 15cm x 1cm) □ Medium (14.7cm x 17.4cm x 1.75cm) □ Dressing Size:	White Foam: Simplace Ex:			☐ SNAP (single use, disposable)		
Dressing Size:				Pressure: □125 mr	mHg (non-adjustable)	
· ·	☐ Large (10cm x 15cm x 1cm)) ☐ Medium (14.7cm x 17.4c	m x 1.75cm)	Drossing Sizo:		
ETOCHIX TOCHI ETOCHIX TOCHI				_	□15cm v 15cm	
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	CONVENTIONAL	DRESS	ING ORDERS	
Patients will be started on conventional dressing	s until NPWT can be init	iated. Co	nventional orders also requ	uired in the case of service interruption.
Patient Name:		HCN:		
PR	ECAUTIONS AND	CONTR	RAINDICATIONS	
The precautions and contraindications listed belong YES NO (conventional dressings will be			determined that NPWT is a	appropriate to be used for patient
The following conditions are considered precaut 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 Nutritional impairment; History of non-compliance; Home environment not conducive to Nanimals etc.); or Patient unable to adhere to minimum of therapy/day.	with the therapy; PWT (i.e. cleanliness,	The fol	llowing risk factors contrain Inadequate wound visua Untreated infection in the Fistulas to body cavities Presence of undebrided Untreated Osteomyelitis Malignancy or cancer in Unresolved bleeding foll Exposed vasculature, ne	alization; ne wound site; or organs; necrotic tissue with eschar; s; the wound margins; owing debridement; or
	PRESCRIBER	NFOR	MATION	
Name:	Phone:		Fax:	After Hours Number:
Signature:	CDSO/CNO#:		Date:	

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