

Negative Pressure Wound Therapy Order

BRN: _____ HCN: _____ VC: _____
Surname: _____
First Name: _____
Care Coordinator: _____

WOUND ASSESSMENT

Wound type:

Open Surgical (WC010)

Pressure Ulcer (WC11) | Have pressure relief measures been addressed? **Yes** **No**

Trauma (WC02)

Other:

Location:

Measurements: **length:** cm **width:** cm **depth:** cm

Undermining:

Description of wound bed:

Periwound skin condition:

ORDER AND SIGNATURE

1. **Initiate NPWT:**
2. **Goal of therapy:**
3. **Dressing Type:**

Foam dressings:

Small (10cm x 8cm x 3cm) Renasys-F small

Large (25cm x 15cm x 3cm) Renasys-F large

Medium (20cm x 13cm x 3cm) Renasys-F medium

Silver required

AMD gauze dressings:

Small (15cm x 17cm flat AMD gauze) Renasys-G small

Large (11cm x 4m AMD gauze roll) Renasys-G large

Medium (15cm x 17cm x2 flat AMD gauze) Renasys-G medium

X-Large (11cm 4m x2 AMD gauze rolls) Renasys-G x-large

Nurse to assess and decide dressing type:

4. **Initial Settings (please select):** Continuous **OR** Intermittent
5. **Pressure Setting (please select):** 80mmHg 100mmHg 120mmHg Other:
6. **Change dressing:** 48 hours after initiation, then q72 hours **OR** Other:
7. **Alternate dressing orders should NPWT need to be interrupted or discontinued:**

MD Signature:

Date:

Printed name: