

## Negative Pressure Wound Therapy Referral Information Sheet

(Attach to CCAC Referral Form)

**Before initiation of Negative Pressure Wound Therapy (NPWT), the ordering physician / Wound Care Clinician must complete the following information**

Date: \_\_\_\_\_ Address: \_\_\_\_\_

Client Name: \_\_\_\_\_

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

Date of Birth (d/m/y): \_\_\_\_\_

Wound History: Diagnosis (Check one):

- Pilonidal sinuses       Large surgical wound       Mediastinal wound       Necrotizing fasciitis wounds  
 Pressure ulcers       Orthopaedic wound       Traumatic wounds       Diabetic foot (post-op)

Age of wound: \_\_\_\_\_

What advanced-wound Rx has been previously used to treat this wound?

\_\_\_\_\_

What has the response been?       wound static       wound improving

Wound measurements & description: Length: \_\_\_\_\_ cm x width: \_\_\_\_\_ cm x Depth: \_\_\_\_\_ cm

Undermining:

12
9      3
6

Tunnelling:

12
9      3
6

**Expected therapy goals:** (i.e. Flap/Graft/Closure/Prep for Surgery)

\_\_\_\_\_ in \_\_\_\_\_ weeks.

**Without NPWT Therapy, how long would this/these wound(s) take to heal (approx.)** \_\_\_\_\_ weeks

**Indicate what the frequency would be for conventional dressing changes:**

- OD       BID       TID       3 x week       Other \_\_\_\_\_

**Current Pain Scale:** 1 - 2- 3 -4 -5 -6 -7 -8 -9 -10 \_\_\_\_\_

Analgesia: \_\_\_\_\_

**Wounds must have the following criteria to be eligible for NPWT therapy:**

- Once a day (OD), twice a day (BID), or three times a day (TID) dressing changes.
- Acute wounds/traumatic wounds.
- Surgical wounds.
- Stage III to IV Pressure Ulcers of recent occurrence.
- Dehisced wounds.
- Diabetic foot ulcers following surgical procedures or sharp debridement with viable tissue (where ABPI > 0.5.)
- Arterial insufficiency (where ABPI <0.5.)

**No NPWT therapy contraindications exist:**

- Presence of necrotic tissue. (Wound must be debrided so that at least 80% of base contains healthy granulation tissue.)
- Nutritional status is not adequate to support healing. (e.g. Braden nutritional score < 3, Nutritional compromise with serum albumin <35 g/dl, or pre-albumin level <16 mg/dL.)
- Severe excoriation or periwound.
- An unexplored fistula to organs or body cavities (other than chronic enteric fistulas.)
- Unresolved, untreated osteomyelitis and any infection that is untreated prior to application.
- Malignancy or cancer in wound margins.
- Unresolved bleeding following debridement.

- Exposed blood vessels and/or organs.
- Client experiencing difficult homeostasis after debridement.

**Precautions have been addressed:**

- Sharp fragments of bone must be removed prior to initiation of NPWT.
- Exposed tendons, ligaments and nerves must be covered with meshed non-adherent material before the NPWT dressing is applied.
- Client receiving anticoagulants with stable INRs.
- Not experiencing active bleeding or anemia.
- Immunodeficient disease, for example Leukemia, HIV.
- Haematologic disorders well-controlled.
- Diabetes or hypertension well-controlled.
- No current abuse of drugs or alcohol.
- Systemic steroids.
- If the location of the wound interferes with the therapy by preventing a sustainable seal of the drape, the NPWT will be discontinued.

**Discontinuation Criteria:**

- When there is no measurable progress to wound healing within two weeks;
- When there is not 20-40 percent reduction in the size of the wound within three to four weeks;
- The wound has healed such that the foam no longer fits the wound;
- The goals for healing have been met;
- If any of the following occur: bleeding, bruising, unmanaged pain in response to the therapy, an occlusive seal cannot be achieved, the client does not comply with the treatment regime, or the wound deteriorates.
- Regardless of decrease in size, if the wound is healing as expected the NPWT will be discontinued by the end of 6 to 8 weeks of treatment

The Physician has assessed that NPWT is safe to use for this client:  YES  NO

**NPWT TREATMENT PLAN – Identify treatment type, dressing type, size, and delivery required:**

- Renasys Go Pump     Foam Dressing Kit:     Small     Medium     Large     Extra Large  
 Gauze Dressing Kit:     Small     Medium     Large

- PICO Single Use Disposable:     10 cm x 30 cm dressing     15 cm x 15 cm dressing

- Acticoat Flex 3 10 cm x 10 cm

DELIVERY:  Regular Next-Day Home Delivery     Delivery date required: \_\_\_\_\_

**Initial Settings:**  **Contin.** (1st 48 hours all wounds)     **Intermittent** (if wound appropriate, after 48 hrs)

- 40mm/Hg     50mm/Hg     60mm/Hg     70mm/Hg     80mm/Hg     90mm/Hg     100mm/Hg  
 110mm/Hg     120mm/Hg     130mm/Hg     140mm/Hg     150mm/Hg     160mm/Hg     170mm/Hg  
 180mm/Hg     190mm/Hg     200mm/Hg

**Special Instructions:**

**Provide alternate moist wound dressing treatment should the NPWT needs to be interrupted or discontinued:**

At Nurse's discretion    or     Primary dressing: \_\_\_\_\_  
 Secondary dressing \_\_\_\_\_ Dressing change frequency: \_\_\_\_\_

**Thank you for your time and consideration.**

**Name of Institution** \_\_\_\_\_

**Physician/Wound Specialist:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**For CCAC Use Only:**

**SEND completed form to Vendor Yurek's with Service Referral –Pharmacy Consultation - via HPG.**

Yureks Phone Number: 1-888-631-6502    Smith & Nephew Support: 1-866-998-6798

**COPY TO:** Manager, Client Services