HOME AND COMMUNITY CARE SUPPORT SERVICES
Erie St. Clair

Negative Pressure Wound Therapy (NPWT) Referral Assessment

Date		Patient Name	
BRN		Address	
Date of Birth	(dd/mm/yy)	AGE OF WOUND	

Physician/Wound Care Specialist, please check to indicate type of wound and indicate patient has met eligibility criteria – Patient must meet eligibility criteria before provision of NPWT by Home and Community Support Services ESC

Home and Community Care Support Services ESC will provide NPWT for a maximum treatment time of 10 weeks ☐ AGREE

	TYPE OF WOUND	ELIGIBILITY CRITERIA	MUST BE COMPLETED FOR ELIGIBILITY
☐	Pressure ulcer	Pressure must be offloaded	Indicate pressure relieving devices in use
☐	Diabetic foot ulcer	Patient blood sugar is being monitored/controlled Wound must be offloaded	State blood sugar State offloading device
☐	Venous leg ulcer	Must be in compression	State type of compression system:
☐	Arterial ulcer	ABPI must be =/>0.5 or vascular assessment complete	State ABPI Vascular studies complete ☐ Yes ☐ No
☐	Surgical	Must be open surgical wound	Type of surgery
☐	Pilonidal sinuses	Must be offloaded when patient is sitting/lying	Indicate pressure relieving devices in use
☐	Other		State type of wound

Wound Measurements and Description

Length cm x width cm x Depth cm

Undermining: 

Tunneling: 

Expected therapy goals: healing in weeks

Without NPWT, 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	☐ Q ___ days	Other:

☐ 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.)

Patient Name		BRN	

☐ 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 peri-wound
- 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
- Patient experiencing difficult homeostasis after debridement
- ABPI must be =/>0.5 or vascular assessment complete

☐ 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
- Patient 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: NPWT will be d/c if any of the following exist:

- 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 patient does not comply with the treatment regime, or the wound deteriorates.

The Physician/WCS has assessed that NPWT is safe to use for this patient ☐ YES ☐ NO

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

Patient Name				BRN	
Device Required:	☐ ActiVAC	☐ SNAP (125 mmHg)		☐ Nanova (125 mmHg)	
ActiVAC dressing:	Granufoam Black	☐ Small	☐ Medium	☐ Large	Quantity per week
	Whitefoam	☐ Small	☐ Medium	☐ Large	Quantity per week
	Granufoam Silver	☐ Small	☐ Medium	☐ Large	Quantity per week
	☐ Canister (300 ml)				Quantity per week
Settings:	☐ Continuous	☐ Intermittent		mmHg	
SNAP dressing:	1 per week	☐ 10x10cm	☐ 15x15cm	☐ Bridge drsg	
Nanova dressing:	3 per week	☐ 18x14cm	☐ 18x18cm	☐ 28x18cm	
Other NPWT items required:					
Provide alternate wound dressing treatment should the NPWT need to be interrupted or discontinued:					
☐ Best Practice OR:					
Name of Facility/Provider:					
Physician/Wound Care Specialist:					

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Ontario