

Negative Pressure Wound Therapy (NPWT) Referral Assessment


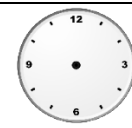
Date		Patient Name	
BRN		Address	
Date of Birth	(dd/mm/yy)	AGE OF WOUND	

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 \geq 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			
<i>Without NPWT, how long would this/these wound(s) take to heal (approx.)</i>							weeks
Indicate what the frequency would be for conventional dressing changes:							

OD	BID	TID	Q ___ days	Other:
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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 \geq 0.5.)
- Arterial insufficiency (where ABPI \geq 0.5.)

Patient Name		BRN	
No NPWT therapy contraindications exist:			
<ul style="list-style-type: none"> • 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.) 			
<ul style="list-style-type: none"> • 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:			
<ul style="list-style-type: none"> • 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:			
<ul style="list-style-type: none"> • 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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