NEGATIVE PRESSURE WOUND THERAPY (NPWT) TREATMENT AND ASSESSMENT FORM

☐ **Initial Report** ☐ **2 Week Reassessment** ☐ **4 Week Reassessment** ☐ **6 Week Reassessment** ☐ **8 Week Reassessment and Discharge**

☐ Ajax ☐ Campbellford ☐ Haliburton ☐ Lindsay ☐ Peterborough ☐ Port Hope ☐ Scarborough ☐ Whitby

Date: _____ Patient currently in hospital: Yes ☐ No ☐ Estimated Discharge Date: _____

Patient Name: _____ BRN#: _____

Address: _____ Postal Code: _____

Assessing Clinician: _____ Agency: _____ Care Coordinator: _____ Extension: _____

Physician Ordered: Yes: ☐ No: ☐ Physician Name: _____ Physician Phone Number: _____

Reason for Referral: _____

Step 1: Indicate if any of the following conditions are present *(If contraindications are present, please ensure plan is documented)*:

☐ Malignant wound	☐ Eschar in wound	☐ Unexplored or non-enteric fistulas	☐ Pressure Injury not offloaded
☐ Untreated osteomyelitis or untreated wound infection ☐ Diabetic Ulcer not offloaded diabetes – H*b*A1c>7.9%		☐ Arterial Ulcer with ABPI value < 0.5 ABPI value performed results: ☐ More than 75% yellow necrotic tissue in wound without a plan for debridement	☐ Venous ulcer not in a compression system of at least 20mmhg
☐ Patient unable to comply to a minimum of 22 hours of therapy ☐ Unmanaged pain		☐ Poor nutritional Status: (e.g., weight loss of 10lb > in the last month, consuming less than 2 servings of protein a day eats only 1/3 of meals)	
Plan:			

******Nurse to follow up with the physician regarding a plan to address the contraindications.***

Step 2: Please complete the following sections by checking the appropriate box:

☐ **Pressure Injury pathway** ☐ Stage 3 ☐ Stage 4 ☐ Free of Eschar Location of Ulcer: _____ Pressure Relieving Device and time on device: Yes: ☐ No: ☐ _____	☐ **Diabetic Foot Ulcer pathway** ☐ Free of hyperkeratosis ☐ H*b*A*1c* Results: _____ ☐ Free of Eschar ☐ ABPI results: _____ Location of Ulcer: _____ Offloading Device and time on device: Yes: ☐ No: ☐ _____	☐ **Venous Ulcer pathway** ☐ ABPI Results: _____ ☐ Free of Eschar ☐ Compression Therapy; Type Location of Ulcer: _____
☐ **Arterial Wound** ☐ Free of Eschar ☐ ABPI Results: _____ *if ABPI value is less than 0.5 NPWT. is contraindicated _____	☐ **Surgical Wound pathway** ☐ Healing by secondary intention ☐ Free of Eschar Type, date and location of Surgery: _____	☐ **Fistulas:** ***fistulas should be easily visualized and accessed*** ☐ Free of Eschar Amount of Drainage: _____ Type and location: _____
Patient in hospital, receiving NPWT and making significant progress: Yes: ☐ No: ☐ Is Drainage Copious: Yes: ☐ No: ☐	Acute or surgical wound at high risk of infection: Yes: ☐ No: ☐ Does the patient have a skin graft which requires NPWT: Yes: ☐ No: ☐ Risk assessment suggests high risk of further deterioration: Yes: ☐ No: ☐	☐ **Other Pathway:** _____ Additional Comments: _____

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Patient Name: _____ BRN #: _____

Step 3: To be completed at initial assessment and ongoing weeks 2, 4, 6 and 8.

Check all that apply **Date and Time:**					
TREATMENTS-(Draw line through treatment boxes that are not being implemented)	**Initial**	**2 Week**	**4 Week**	**6 Week**	**8 Week**
Irrigate wound with at least_____cc NS ; 4 -15 PSI	☐	☐	☐	☐	☐
Date and initial each dressing and record number of pieces of sponge	☐	☐	☐	☐	☐
Assess for adequate blood supply if being placed on extremity wound	☐	☐	☐	☐	☐
Debridement of necrotic/eschar tissue required before NPWT Dressing application ☐ N/A	☐	☐	☐	☐	☐
If infection/bioburden suspected place antimicrobial dressing under NPWT unit ☐ N/A	☐	☐	☐	☐	☐
Protect exposed bone/tendon : Describe_____ ☐ N/A	☐	☐	☐	☐	☐
Settings cycle:_____ Intermittent ☐	☐	☐	☐	☐	☐
Average daily running time of the NPWT (out of 24 hrs):_____	☐	☐	☐	☐	☐
Pressure setting recommended: 50-75 mmhg _____	☐	☐	☐	☐	☐
75-100 mmhg _____	☐	☐	☐	☐	☐
125-150 mmhg _____	☐	☐	☐	☐	☐
Change NPWT dressing Q 3 days	☐	☐	☐	☐	☐
Other frequency: _____	☐	☐	☐	☐	☐
Rationale for NPWT Discontinuation:					
No progression towards healing(<30% healing in 3-4 weeks)	☐	☐	☐	☐	☐
Uncontrolled or excess bleeding: Amount:_____	☐	☐	☐	☐	☐
Uncontrolled pain: Describe: _____	☐	☐	☐	☐	☐
Other:_____	☐	☐	☐	☐	☐

Clinician Initials:_____

	Date	**Length X width X depth (cm)**	Appearance of Underlying tissue: ***Red* (R) *Yellow* (Y) *Black* (B) (Granulating, sloughy e.g. 10%, 20%, etc) bruising, bleeding.**	Exudate: amount **(copious, moderate. small) type and colour, odour**	Tunneling and Undermining	Periwound Area	**% of Healing**
Initial							
2 Week							
4 Week							
6 Week							
8 Week							

Product Order Request (Sizes are in centimetres)

	Black Foam *Stimulates granulation*	**Qty**	**White Foam** *For painful and less granulation*	**Qty**	**Gauze** *Drain wrapped gauze*	**Qty**	**PICO** *Singe use NPWT system*	**Qty**
ActiVac	☐ Sm 10 x 7.5 x 3.3 MC1050 ☐ Med 18 x 12.5 x 3.3 MC1051 ☐ Lrg 26 x 15 x 3.3 MC1052 ☐ X-Lg 60 x 30 x 3.3 MC1236 Simplace – black spiral ☐ Sm 7.5 x 11.5 x 1.75 MC1234 ☐ Med 14.5 x 17 1.75 MC1233 ☐ **Activac Canister 300 MC1055**		☐ Sm 10 x 7.5 x 1 MC1053 ☐ Lrg 10 x 15 x 1 MC1054 **(drape and pad not included – order below)** ☐ Vac Drape MC1057 ☐ Trac Y Connector MC1058 ☐ Sensa Trac Pad MC1059					
Renasys	☐ Sm 10 x 8 x 3 cm REN009 ☐ Med 20 x 13 x 3 cm REN010 ☐ Lrg 25 x 15 x 3 cm REN011 ☐ Renasys Canister 300 REN013 ☐ Renasys Y Connector REN014 ☐ **Renasys Canister 750 REN030**				☐ Sm 10x10 REN023 ☐ Med 15x17 REN024 ☐ Lg 11 x 4 REN025		☐ 10 x 30 PC001 ☐ 15 x 15 PC002 ☐ 15 x 20 PC003 ☐ 20 x 20 PC004	

Clinicians Initials	Clinicians Signature	Agency	Date

Ontario