

Negative Pressure Wound Therapy (NPWT) Screening Tool and Standard Orders

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Location of wound:			Duratio	on of wound: Acute OR Chronic		
Current wound therapy:						
Goal of NPWT: □ Wound closure		Pre-gra	aft prepa	aration 🗆 Other		
TYPE OF WOUND						
□ Acute pressure injury □	Chr	onic pi	ressure i	injury 🗆 Dehiscence		
□ Skin Graft □	Sur	gical In	cision	Partial Thickness Burn		
□ Diabetic foot ulcer □	Tra	uma		□ Other:		
SCREENING TOOL		YES	NO	NOTE		
Authorized prescriber has accepted responsibility for client				Authorized prescriber MUST accept responsibility for ongoing NPWT		
				Wound bed must be clean and mostly		
Is there necrotic tissue or eschar present in the wound bed?				granulation		
				prior to establishing NPWT.		
				NPWT can be used on infected wounds		
Is client's wound infected?				including osteomyelitis as long as infection		
				is being actively treated		
Is client on anticoagulation therapy?				INR and PT must be stable and there must		
				ongoing monitored in NPWT to be applied. NPWT is contraindicated if the wound is		
Is the wound actively bleeding?				actively bleeding		
Is this a malignant wound?				NPWT is contraindicated		
Is there non-enteric or unexplored						
fistulas?				NPWT is contraindicated		
Are bone, tendon, organ or blood vessels exposed?				All exposed vessels. Organs, tendons or bones		
				must be covered and protected prior to		
				initiation of NPWT.		
Has bloodwork been completed within the last 2 weeks?				Hemoglobin, albumin and glucose levels in the normal range are essential for wound healing.		
Does client have nutritional/dietary care				Optimal nutrition is essential for wound healing		
concerns?				If "yes", consider dietician consult.		
Is the client using immunosuppressant medications or corticosteroids?				Some medication can affect the rate of wound		
				healing. If "yes" consider impact on healing and		
				ensure authorized prescriber is aware.		

**If client is being discharged home with NPWT, complete the screening below.

FOR HOME CARE PURPOSES	YES	NO	NOTE
Is client able to maintain the NPWT equipment in their home?			Client and/or family must actively participate in NPWT and be able maintain equipment in the home.
Does the client have a working phone?			Client must have working phone within reach to access help if needed.



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NB: These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards. Standard orders. If not in agreement with an order, cross out and initial. □ Requires a check I for activation.							
LAB WORK							
■ CBC/Pre-albumin ■ INR/PTT if on anticoagulants □ Swab for C&S if indicated							
□ Current blood glucose range ■ Hg A1C							
MEDICATIONS	GENERAL ORDERS						
Analgesic pre-dressing change:	 Consult Dietitian 						
	Complete NPWT Screening Tool						
	Consult Occupational/ Physiotherapy						
A. RENTAL THERAPY UNITS							
V.A.C (3M): Device Portable (ActiVac)	Stationary Vac Ulta						
Setting 🛛 Continuous OR 🗆	Intermittent Minutes on Minutes off						
Pressure Setting	mmHG						
Dressing 🗆 Granufoam 🗆							
Dressing Changes	OR times per week						
B. SINGLE USE - DISPOSABLE							
3M V.A.C. Via for Community Clients							
 Continuous- 125 mmHg/hr Dressing Granufoam White Foam Silver Foam Change Every 48 hrs and PRN or <u>X/wk</u> Smith & Nephew PICO No fill, no canister Continuous at - 80 mmHg, appropriate for low to moderate exudating wounds One unit runs continuously for 7 days Change dressing as needed within the 7-day period (pump life) using the additional dressing provided 							
Authorized Prescriber will assess Response to NPWT							
- /	Every two weeks in community						
If wound shows no progress in 2 weeks, therapy should be reassessed							
Authorized Prescriber Signature: Date:							
Rental Tracking Record	Date Signature						
Unit Ordered							
Tracking Number							
Initiation of Therapy							
Transfer							
Termination of Therapy							