

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

Location of wound: _____ Duration of wound: Acute **OR** Chronic
 Current wound therapy: _____
 Goal of NPWT: Wound closure Pre-graft preparation Other _____

TYPE OF WOUND

- | | | |
|--|--|---|
| <input type="checkbox"/> Acute pressure injury | <input type="checkbox"/> Chronic pressure injury | <input type="checkbox"/> Dehiscence |
| <input type="checkbox"/> Skin Graft | <input type="checkbox"/> Surgical Incision | <input type="checkbox"/> Partial Thickness Burn |
| <input type="checkbox"/> Diabetic foot ulcer | <input type="checkbox"/> Trauma | <input type="checkbox"/> Other: |

SCREENING TOOL	YES	NO	NOTE
Authorized prescriber has accepted responsibility for client			Authorized prescriber MUST accept responsibility for ongoing NPWT
Is there necrotic tissue or eschar present in the wound bed?			Wound bed must be clean and mostly granulation prior to establishing NPWT.
Is client's wound infected?			NPWT can be used on infected wounds 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.
Is the wound actively bleeding?			NPWT is contraindicated if the wound is 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 concerns?			Optimal nutrition is essential for wound healing. 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.

