Team Name: Wound Care Team Lead: Director - Staff Development, Infection Prevention & Control/Director Home Care, Palliative Care & Seniors Approved by: Regional Lead-Acute Care & Chief Nursing Officer	Reference Number: CLI.4110.PL.026 Program Area: Across Care Areas Policy Section: General
Issue Date: August 28, 2015 Review Date: Revision Date: December 12, 2022	Subject: Negative Pressure Wound Therapy (NPWT)

Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.

POLICY SUBJECT:
Negative Pressure Wound Therapy (NPWT)

PURPOSE:
To provide healthcare teams with guidance, information and a consistent approach regarding the assessment, implementation and management of NPWT within Southern Health Santé Sud.

BOARD POLICY REFERENCE:
Executive Limitation (EL-01) – Global Executive Restraint and Risk
Executive Limitation (EL-02) – Treatment of Client

POLICY:
Negative Pressure Wound Therapy (NPWT) is an adjunct component of wound management. NPWT use is determined following an overall client assessment, taking into account goals for wound management. The NPWT mechanism of action, in the proper circumstances, can accelerate natural wound healing processes leading to shorter "days-to-heal" by:

- Enhancing wound contraction (macrostrain),
- Enhancing granulation tissue formation (microstrain),
- Promoting angiogenesis, increasing tissue perfusion bringing nutrients/oxygen to the wound,
- Reducing localized wound edema,
- Removing wound exudate and
- Decreasing harmful levels of pro-inflammatory agents found in chronic wounds.

Prior to the initiation of Negative Pressure Wound Therapy (NPWT) for wound management, the Negative Pressure Wound Therapy (NPWT) Screening Tool and Standard Orders (CLI.4110.PL.026.FORM.01) must be completed and signed by the authorized prescriber.

Indications for the Use of NPWT:

NPWT can be used for the following acute or chronic situations given that the client's health condition supports healing as evidenced by good blood flow, oxygen perfusion and nutritional status:

- Diabetic foot ulcers,
- Pressure injuries,
- Venous insufficiency ulcers,
- Arterial insufficiency ulcers,
- Traumatic wounds,
- Surgical incisions healing by primary intention, including local or rotational flap incisions,
- Surgical incisions healing by secondary intention, such as dehisced surgical wounds,
- Surgical incisions healing by delayed primary intention,
- Synthetic/bio-mesh in abdominal wounds without exposed viscera,
- Split and full-thickness skin grafts,
- Dermal substitutes and
- Partial-thickness burns.

NPWT functions to:

- Support moist wound healing,
- Increase local blood perfusion,
- Reduce local edema, wound exudate and debris,
- Assist in wound contraction,
- Promote granulation tissue and enhance epithelial cell migration,
- Facilitate the removal of thick wound exudate,
- Prepare the wound bed for potential surgical closure,
- Provide surgical site splinting; e.g., chest, abdominal wall,
- Provide skin graft stability,
- Remove drainage from the incision site,
- Minimize dehiscence, seroma and hematoma formation and
- Collect and quantify exudate amount for fluid balance management.

Precautions of Using NPWT

The following conditions and issues need to be assessed for/investigated prior to initiating NPWT:

- Known bleeding conditions and disorders, or risk of bleeding complications including:
    - Weakened or friable blood vessels in or around the wound, as a result of, but not limited to, sutured blood vessel (native anastomoses or grafts), infection as it may erode the blood vessel wall, trauma, or radiation,
    - Inadequate wound hemostasis,
    - Anticoagulation therapy or treatment with platelet aggregation inhibitors,
    - History of bleeding disorders and
    - Inadequate tissue coverage over vascular structures.

- Inadequately debrided wound; necrotic tissue (eschar/slough) covering greater than 20% of the wound.
- Wound infection and/or osteomyelitis:
    - Assess for clinical signs and symptoms of wound infection. If 2 or more signs and symptoms of infection are present, or, if 1 or more sign(s) and symptom(s) are present in a client who has diabetes mellitus, arterial insufficiency, or is immune-compromised, consider a potential wound infection. Take a C&S as required,
    - Assess for bone or bone fragments in the wound bed. If bone is 'probed', consider the possibility of osteomyelitis and the need for radiological studies for further assessment and
    - If currently being treated with antibiotics for a wound infection, assess effectiveness.
- Rolled wound edges.
- Large or deep wounds that could contain hidden blood vessels, e.g., wounds in the groin area.
- Lower limb wounds affected by vascular insufficiency.
- Groin or peri-anal wounds at greater risk for serious bacterial contamination due to their location.
- Presence of the following in the wound:
    - Exposed or superficial blood vessels,
    - Vascular anastomosis,
    - Exposed bowel due to surgical wound dehiscence or unsuccessful 'take' of a mesh graft,
    - Exposed organs,
    - Sharp edges of bone protrusions and
    - Exposed bone, tendon, ligaments or nerves.
- Presence of another wound, in close proximity to the wound being considered for NPWT, which has exposed blood vessels, nerves, organs, or anastomotic sites, or has infected or potentially infected blood vessels.
- Level of spinal cord injury, as NPWT can affect the stimulation of the sympathetic nerves and can lead to autonomic dysreflexia.
- A history of radiation in the wound area.
- Untreated malnutrition.
- Intermittent pressure settings are to be used with caution with wounds that are difficult to maintain a seal.

Contraindications of Using NPWT:

- Malignancy in the wound as NPWT may lead to cellular proliferation.
- Untreated osteomyelitis, untreated wound infection, or a sepsis source in the wound vicinity, until treated.
- Presence of untreated coagulopathy, e.g., wounds with active bleeding or difficult hemostasis, until stabilized.
- Unexplored sinuses/tunnels greater than 15 cm if the end-point has not been determined.
- Inflammatory ulcers, e.g., pyoderma, vasculitis.
- Areas with necrotic tissue and eschar, until debridement is initiated.

- Allergy or sensitivity to NPWT dressing products.
- Inability to obtain/maintain an airtight seal due to the location of the wound, incision, or skin graft.
- Insufficient peri-skin around the wound to maintain a NPWT seal.
- Non-enteric and unexplored fistulas.
- Intermittent pressure setting is contraindicated for wounds that are highly exudating and wounds with tunnels and/or those with undermining.

Intended Client Clinical Outcomes of NPWT:

The identified NPWT goal of care is met when:

- The wound shows evidence of healing, e.g., 30% reduction in 3 weeks with improved quality of the granulation tissue. Wound measurements should begin to decrease as the active state of healing continues. The wound bed appearance may change color and become deeper red as the therapy promotes perfusion to the wound.
- Surgical closure preparation is achieved.
- Closed Incision approximation is maintained/incision heals.
- Skin graft 'takes'.
- High levels of exudate are not present or are treated, if present. Exudate color may change from serous to serosanguineous and some sanguineous drainage may also be noted during therapy.
- No complications occur, or if they occur, they are successfully treated.
- There is no site infection, or if infection is present, it is successfully treated.
- There is no procedural and/or wound pain, or if present, it is successfully treated.
- The client is able to participant in the NPWT care plan.

Unintended Client Clinical Outcomes of NPWT:

The identified NPWT goal of care is not met when:

- The wound does not heal, e.g., less than 30% reduction in 3 weeks with no improvement in the quality of the granulating tissue.
- Surgical closure preparation is delayed.
- Closed Incision dehisces.
- Skin graft does not 'take'.
- High level of exudate is not managed.
- Peri-wound skin complications develop.
- Complication occurs Including fistula development, the presence of unexpected blood, bile or feces in the tubing and canister or clotting issues in the wound.
- Procedural and/or wound pain occurs and is not successfully treated.
- The site becomes infected, or the existing site infection worsens and/or
- The client is not able to participate in the NPWT care plan.

DEFINITIONS:

Authorized Prescriber(s): Healthcare profession(s) with prescriptive privileges defined by the Regulated Health Professions Act (RHPA), their respective regulatory colleges, and Southern Health-Santé Sud (SHSS).

Client: Any individual recipient of healthcare services. In Acute – patient; in community – client; and in long-term care setting – resident. Throughout this policy, the term "client" will be used to refer to patients, clients and residents.

Negative Pressure Wound Therapy (NPWT): Is an advanced wound therapy that delivers continuous or intermittent negative pressure distributed equally across the wound area, incision line or skin graft site. NPWT systems use specific non-bio-absorbable foam dressing(s) and interface layers as wound filler(s). Transparent film drape is applied over the wound fillers to create an airtight seal. Tubing connects the dressing to a vacuum source, which creates a negative pressure within the dressing.

IMPORTANT POINTS TO CONSIDER:

- NPWT is considered a short-term therapy /intervention. NPWT should be re-evaluated at the two-week mark and if there is no improvement, therapy should be stopped. Maximum length of therapy is 4 weeks unless the sole indication is for complex management issues.
- NPWT can be used in acute, community and long-term settings.
- NPWT devices are reusable or disposable, and may be owned or rented.
- NPWT application and removal procedures follow the manufacturer's clinical guidelines.
- Skill competency is required prior to initiation of NPWT. Review of the policy is mandatory. Other educational options may include:
    - Vendor supported training,
    - Peer mentoring,
    - Product specific company video and/or
    - Reference sources.

Safety Considerations for NPWT for all systems:

- Cardiac Arrest Defibrillation Procedure:
    - Do not apply the defibrillator paddles over the NPWT transparent drape or disposable dressing if defibrillation is required in the area of the dressing placement.
    - Ensure that the NPWT device is at least 2 meters away from the paddles.
    - Failure to remove the transparent film drape prior to resuscitation may inhibit the transmission of electrical energy and hinder resuscitation efforts.
- Magnetic Resonance Imaging (MRI) environment:
    - NPWT machines/devices themselves cannot go into the MRI environment. If a canister is present, disconnect it from the machine and ensure that all tubing clamps are open to allow any exudate to flow into the canister.
    - If the NPWT dressing (interface and/or foam) does not contain silver, then the dressing may remain in place. If the MRI is to be done in the area of the wound, consult Radiology Department regarding the need to remove the dressing.
- Diagnostic Imaging:
    - Silver-based interfaces, Granufoam Silver foam may impair visualization with certain imaging modalities; consult with the Radiology Department regarding the need to remove the dressing.
- Cell phones or similar units can affect the functioning of the NPWT device:

- Keep the NPWT device 2 meters (6.5 ft.) away from cell phones or other mobile units if interference is suspected.

- Do not connect the NPWT dressing tubing to wall suction.
- When NPWT cannot be maintained for 22hr/24hrs:
  - NPWT fillers are not designed to hold exudate but act as a medium through which the negative pressure suction pulls exudate out of the wound. When suction is not applied, as in the case of, an irreparable leak, a machine/device failure or therapy not being maintained due to client situation:
    - Exudate can pool between the wound bed and the bottom of the dressing; this pooling may lead to damage of healthy granulating tissue.
    - The NPWT transparent film drape is an occlusive dressing therefore any pooling of exudate provides an environment for bacterial growth/infection.
    - The pooling of exudate can occur between the transparent film drape and the periwound skin causing the edges of the dressing to lift and the dressing to leak.
    - The pooling of exudate between the transparent film drape and the periwound skin may cause periwound skin maceration and lead to breakdown of the periwound skin making it more difficult to get a good seal for the next NPWT dressing.

PROCEDURE:

Direct Client Care

1. Assess Wound:

- Determine healability of the wound, incision, or skin graft e.g., risk for incisional dehiscence.
- Assess the site relevant to the type of wound:

Open Wound

Complete a full wound assessment using the Wound Assessment and Treatment Flowsheet (CLI.4110.SG.002.FORM.07). The findings help to determine the need for debridement, wound filler(s), interface dressings, and peri skin protection. It also helps to determine canister size. This assessment includes:

- Wound etiology,
- Date of onset or open wound day,
- Date(s) and location(s) of most recent surgical procedure(s) and intervention(s), e.g., creation of stoma(s), associated drains, or debridement performed in the site area,
- Location of the wound,
- Length, width, and depth of wound cavity,
- Measurement and location of undermining, sinuses/tunnels. Must be able to determine an end-point,
- Wound bed characteristics, including:
  - Presence and description of slough or necrotic tissue, eschar (dry stable or soft boggy), and granulation or non-granulation tissue in the wound bed.
  - Exposed underlying structures such as adipose tissue, bone, muscle, tendon, or blood vessels.

    - The presence of a foreign body such as exposed hardware, prosthesis, mesh grafts, or suture material.
    - The proximity to anastomosis sites, e.g., blood vessels or bowel.
- Presence of a closed/rolled wound edge,
- The current frequency of dressing changes required to help predict the amount of exudate and determine the appropriate NPWT and/or canister size and
- Peri-skin and surrounding skin condition, e.g., maceration, excoriation, induration, or erythema.

Closed Incision:

Complete a full incisional assessment. The findings help to determine the length of the incisional dressing, status of the incision line, and expected exudate amount. This information helps the nurse to choose the appropriate NPWT canister size and peri-incisional skin protectant, if needed, and decide on a reusable device versus a disposable device. This assessment includes:

- Post-op day,
- Date(s) and location of the most recent surgical procedure(s) and intervention(s), e.g., creation of stoma, associated drains or debridement performed in the wound area,
- Location and length of the incision,
- Capillary refill,
- Type of flap incision, i.e., local or rotational flap,
- Status of the incision, i.e., fully epithelialized, approximated, tenuous, or gaping,
- Closure materials and methods insitu, e.g., sutures, staples, retention sutures, steri-strips, or surgi-glue,
- Exudate amount, if any and
- Peri-incisional and surrounding skin conditions.

Skin Graft:

Complete an assessment of the graft. The findings help to determine the status of the graft site, the size and type of NPWT dressing required, the appropriate canister size based on the exudate amount and type, and an appropriate peri-graft skin protectant, if needed. This assessment includes:

- Post-op day,
- Skin graft location,
- Type of graft material used, e.g., skin, skin substitute or biologic,
- Length and width of the graft,
- Graft status – percentage (%) of 'take',
- Closure materials and method insitu, i.e., sutures, staples,
- Exudate amount, if any and
- Peri-graft and surrounding skin condition.

2. Assess Pain

- Assess client's level of pain or discomfort, current pain interventions and their effectiveness.
- For clients with spinal cord injury, assess level of spasticity and risk for autonomic dysreflexia.

3. Plan-Determine the Need for and/or Appropriateness of NPWT:

- The client's wound, incision, or skin graft meets the indications for use.

- The client's current clinical condition will support NPWT.
- Assess functional ability and psychosocial status. For clients managing NPWT in a home environment, completing a wholistic assessment will determine whether or not NPWT is appropriate. Take into consideration that NPWT may be an appropriate wound management choice, but not appropriate in the absence of functional ability or psychosocial supports. Review the following:
    - Client and/or family's level of understanding regarding the overall wound treatment goal of care, and the role of NPWT in achieving that goal.
    - Client's ability to engage and participate in the NPWT care plan.
    - Client and/or family's ability to manage NPWT in the home. Problems such as hearing loss, limited dexterity, or impaired cognition can affect the ability to manage NPWT at home.
    - Client's ability to mobilize, transfer, and manage activities of daily living (ADLs) with NPWT and without compromising personal safety, e.g., falls related to NPWT tubing.
    - Impact of the NPWT dressing and device on client's body image and quality of life.
    - Social concerns that could affect NPWT and support systems to address these concerns.
    - Emotional, cognitive, behavioral and/or mental health concerns that could affect the effectiveness of NPWT and support systems to address these concerns.
- The Authorized Prescriber, in collaboration with the interprofessional team, the client/family, and the community or long-term care teams, if involved, determine the appropriateness of NPWT based on the following criteria:
    - Any precautions arising from the client situation have been investigated and addressed.
    - There are no contraindications arising from the client situation.
    - Client and/or family centered concerns are addressed.
    - The client and/or family is willing and able to engage in and support the NPWT care plan.
    - Tissue perfusion at the site is adequate to support healing.
    - Eschar, slough/necrotic tissue covers no more than 20% in the wound bed.
    - The ability to obtain and maintain an airtight seal around the site.
    - The client is able to adhere to NPWT at least 22 out of 24 hours/day.
    - The ability to offload or redistribute pressure over the site, if required.
    - Acute and long-term nursing staff are available to change dressings, monitor NPWT every 2 hours and address any issues.
- Nursing staff are competent to carry out NPWT dressing changes.
- In the community setting:
    - Nursing resources are available to change dressings.
    - Client is able to perform activities of daily living (ADLs) safely with NPWT device in place.
    - Client and/or family is willing and able to monitor NPWT every 2 hours, except when sleeping, and is able to hear the alarms, especially during sleeping hours.
    - There is a reliable power source to charge the NPWT device, as needed.

4. Implementation

Authorized Prescriber is responsible for:

The overall management of NPWT and for providing the nursing staff with written orders for all aspects of the therapy and dressing requirements. The Authorized Prescriber will complete the Negative Pressure Wound Therapy (NPWT) Screening Tool and Standard Orders (CLI.4110.PL.026.FORM.01) and determines the:

- Identifying the specific use for NPWT:
  - Open Wound,
  - Closed Incision and
  - Skin Graft.
- Client specific goals of NPWT:
  - Wound healing; evidenced by 30% reduction in wound size in 3 weeks with improved quality of the granulating tissue,
  - Preparation for delayed primary closure; evidenced by a reduction of wound volume,
  - Closed incision management; evidenced by a maintained well-appropriated incision line,
  - Skin graft management; evidenced by a 'complete take' of the graft and
  - High volume exudate management.
- Planned reassessment of wound.
- Adjunctive therapy (lab work needed, medication and general orders) required.
- NPWT Orders (therapy settings, pressure setting, frequency of dressing changes and type of dressing).

The Nurse is responsible for:

- Providing the client/family with appropriate teaching regarding NPWT. This will include a detailed explanation of the treatment as well as providing the manufactures' teaching information sheet/package dependent on the type of therapy used (refer to Client and Patient Supporting Documents in the Advanced Wound Care Formulary).
- Apply, change or discontinue the dressing as per written orders referring to the specific device procedure. NPWT dressing changes require aseptic technique.
- Complete a full wound assessment with each dressing change. Documenting on Wound Assessment and Treatment Form (CLI.4110.SG.002.FORM.07).
- Listen for and address any NPWT alarms. Alarm issues, such as air leaks, changes in pressure, low battery or full canisters are addressed by the acute or long-term care nurse in their settings. In the community, the client, family member, or caregiver must be able to address any alarms issues if they occur. Conducting a NPWT safety/monitor check. This has two components:

Safety:

- Check the entire NPWT system, from the dressing to the medical device, to ensure proper functioning. Ensure that the dressing has an airtight seal and tubing connection(s) is secure, tubing clamps are open and the tubing is not bent or kinked,
- NPWT Therapy and Pressure Settings are consistent with NPWT orders,
- Battery is charged or plugged into a power source and
- Check that the client is not lying on the tubing as this could cause a pressure injury.

Monitor:

- Dressing for pooling of fluid,
- Type of drainage in the tubing and canister. Unexpected bleeding, bile, fecal material and purulent drainage must be reported immediately to Authorized Prescriber and
- Amount of drainage in the canister over time.
- Notifying the Authorized Prescriber of the progress of the wound, the continued need for NPWT and any need to change the orders.
- Consult with an Occupational Therapist or Physiotherapist to address any ADL or mobility adaptations necessary to ensure client safety while receiving NPWT.
- Consult with Dietitian for identified nutritional concerns.
- Address client's risk factors that impact open wound, closed incision or skin graft healing. Risk factors are determined based on the client assessment.
- Manage Pain Associated with NPWT: Treat NPWT Procedural Pain
- Monitor for the onset of new or increasing pain, and if noted, communicate to the Authorized Prescriber,
- Organize care to coincide with analgesic administration allowing sufficient time for the analgesic to be effective,
- Administer analgesic medication(s) ordered by the Authorized Prescriber. Report to the Authorized Prescriber if wound pain is not well controlled. Consider procedural sedation for the pediatric client and
- For open wounds where foam (white, black or silver) is used: treat the dressing change procedural pain related to the disruption of granulation tissue, by using one of more of the following interventions:
    - Turn the NPWT device "off" approximately 30 minutes prior to the dressing change to allow exudate to pool. This helps to lift the dressing from the wound bed,
    - Encourage the client to request 'time-out' during NPWT dressing removal,
    - Do a 20-30 minutes pre-soak with sterile NS prior to the dressing change with an amount of NS sufficient to allow the foam to release from the wound bed. See specific NPWT device procedure for method and
    - Add an interface dressing, if needed, and communicate this change to the Authorized Prescriber.
- Reassess the ongoing effectiveness (client comfort/quality of life) of analgesic medication(s). In consultation with the Authorized Prescriber consider the following interventions:
    - If client has a history of NPWT pain, start with a lower Pressure Setting and then slowly increase the setting to the optimal level,
- If client develops pain related to NPWT, decease the Pressure Setting by 25mm/Hg, if this does not relieve the pain then re-consult with the Authorized Prescriber and
    - Use a continuous versus intermittent therapy setting as continuous therapy reduces the pull of off/on suction on the wound bed.
- Assess for unintended clinical outcomes. Possible solutions include:
    - Reassess that the client is receiving adequate pressure relief,
    - Review product specific guidelines for problem-solving strategies related to ineffective therapy,

- Consider revaluating nutritional status,
- Assess for wound infection and treat accordingly with Authorized Prescriber involvement,
- Provide a "therapeutic pause" by stopping therapy for 1-2 days then resume. This is done under direction of Authorized Prescriber and/or
- Consider interrupting therapy and implementing a regimen such as 2 weeks on and 2 weeks off.

Manage Adverse Events. The following situations require immediate action:

- Frank or active bleeding at the dressing site, in the tubing or in the canister. This does not include expected post-op bleeding,
- Bile at the dressing site, in the tubing or in the canister,
- Fecal content at the dressing site, in the tubing or in canister, ***if any of the above occur, the following actions are required:***

Acute Care – the nurse must:

- Immediately turn off the device, leave the dressing in place and notify the Authorized Prescriber of the urgent situation and
- In the event of active bleeding, apply pressure to the dressing area until the Authorized Prescriber arrives.

Community Care – the client and/or family must:

- Immediately turn off the device, leave the dressing in place, and call 911 for immediate transportation to Emergency and
- In the event of active bleed, apply pressure to the dressing area until the Ambulance arrives.

Long Term Care – the nurse must:

- Immediately turn off the device, leave the dressing in place, and call 911 for immediate transportation to Emergency and
- In the event of active bleed, apply pressure to the dressing area until the Ambulance arrives.

Provide instruction for showering:

- For clients with Incisional NPWT or Skin Graft NPWT, showering should wait until the NPWT is discontinued to avoid any possibility of disturbing the incision or graft and
- Clients with Open Wound NPWT may shower (no tub-baths) with the NPWT dressing in place, but the shower must be done prior to a dressing change. Most of the machine/devices are battery-run therefore the device must be disconnected from the dressing prior to the shower. Refer to the specific device procedure for how to prepare the client for a shower.

5. Evaluation-Decision to Continue or Discontinue the NPWT Intervention

The decision to continue or discontinue the NPWT intervention is made by the Authorized Prescriber in consultation with the interprofessional team and if appropriate, the client and/or family.

Continue NPWT if:

- Wound healing is evidenced by a reduction in wound size of 10% per week or 30% over 3 weeks, based on the wound assessment (length, width, and depth), and the improved quality of the granulation tissue.

- The incision, including a flap incision, continues to be approximated but is at risk of dehiscence and requires on-going splinting.
- The graft continues to require bolstering as per the surgeon's order.
- High volume exudate management continues to be required.
- The therapy can be consistently maintained for at least 22 of every 24 hours.
- The client and/or family continue to be engaged in care.

Discontinue NPWT:

- When the goal of care has been successfully met:
    - Wound closure is achieved or improvement in wound healing is achieved (decreased wound volume, granulating tissue noted) and the wound can be transitioned to another treatment modality,
    - Incisional closure is achieved; discontinue as per the surgeon's order,
    - The skin graft 'take' is achieved; discontinue as per the surgeon's order,
    - Preparation for surgical closure is achieved based on an improved quality of granulation tissue or the specific surgeon's goals of therapy and
    - High volume exudate is sufficiently reduced to allow transition to another treatment.
- When the following adverse situation(s) occur:
    - The wound size (volume) is not reduced by 10% per week or 30% over 3 weeks,
    - The wound deteriorates, develops a spreading wound infection, has increased necrotic tissue over 20% or a clinically treated wound infection worsens,
    - The client's wound and/or procedural pain not effectively managed,
    - Client's condition has changed such that NPWT is no longer appropriate,
    - NPWT is consistently disrupted for more than 2 hours in 24 hours each day; unable to maintain suction 22/24hrs,
    - The client experiences a skin allergy or sensitivity to NPWT products,
    - It is not possible to maintain a 24-hour airtight seal around the site, despite trouble-shooting and
    - When transitioning a client to another care setting and the receiving unit does not have the resources to support NPWT at the time of transition or for ongoing NPWT.

6. Considerations for Client Transfers

Transfer to Another Facility/Program

- Prior to transfer of a client requiring NPWT to an alternate facility, the sending facility contacts the receiving facility to review the client's medical status and care needs, confirming the receiving facility is able to manage the client's care needs.
- The discharge plan of a client with NPWT is to be done at least 48 hours prior to the transition date. This allows the receiving unit or site time to prepare for the provision of safe NPWT and, where possible, to avoid interrupting the therapy.

Within the region, the sender will:

- Contact Logistics and Supply Chain Management notifying them of the transfer to ensure billing is redirected to the receiving program,
- Transfer the client with the NPWT dressing/unit in place and operational. The NPWT unit power cord and case, is to be transferred with the client,

- Complete the transfer section on page 2 of the Negative Pressure Wound Therapy (NPWT) Screening Tool and Standard Orders, (CLI.4110.PL.026.FORM.01) verifying the rental information and include this with the transfer documents and
- Ensure care is taken to avoid misplacing or losing the rental device, as vendor charges will apply.

Outside of the region, the sender will:

- For rental reusable NPWT units, discontinue NPWT and transfer the client with the understanding that the receiving unit or site will restart NPWT as soon as possible. Send the client with an alternate dressing in place and
- Contact Logistics and Supply Chain Management notifying them of the transfer to ensure billing is discontinued.
- The Wound and Skin Discharge Summary Form (CLI.4110.SG.002.FORM.10) must be completed and sent to the receiving facility prior to transfer.

7. Logistics and Supply Management Process for NPWT

Ordering:

- Disposable and rental therapy unit orders are placed on a Purchase Requisition Form (Non-Routine Purchases) ORG.1710.PL.001.FORM.01 detailing the specific NPWT unit/dressing supplies required. Once completed this form is forward to Logistics and Supply Chain Management.

Rental reusable therapy units:

- Once the requestor receives the NPWT unit from Logistics and Supply Chain Management, the nurse is to enter the tracking information section on page 2 of the Negative Pressure Wound Therapy (NPWT) Screening Tool and Standard Orders (CLI.4110.PL.026.FORM.01).
- Discontinuation of NPWT:
  - Contact Logistics and Supply Chain Management notifying them of the discontinuation of NPWT to ensure billing of the unit is discontinued.
  - Return equipment to Logistics and Supply Chain Management

SUPPORTING DOCUMENTS:

CLI.4110.PL.026.FORM.01	Negative Pressure Wound Therapy (NPWT) Screening Tool and Standard Orders

REFERENCES:

ORG.1710.PL.001.FORM.01	Purchase Requisition Form
CLI.4110.SG.002.FORM.07	Wound Assessment and Treatment Form

Advanced Wound Care Formulary Product Information Sheets

Advanced Wound Management, Smith & Nephew Inc. Published May 2020.

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