Ontario Health atHome

Surname:	First Name:
CHRIS #:	Date of Birth (DD/MM/YYYY):
HCN:	Version Code

NEGATIVE PRESSURE WOUND THERAPY (NPWT) CLINICAL GUIDELINES

*Not a pathway or wound type – use guidelines when NPWT is initiated in conjunction with pathway that is appropriate for wound type.

To be completed at least once weekly and/or with change in patient condition **This tool is used only as a guide and does not replace clinical judgment* Date/Initial:	✓ **where applicable; (N/A) where not applicable**			
COMPREHENSIVE ASSESSMENT				
Complete a comprehensive patient history and assessment including: age of wound, comorbidities, medications, and nutritional status .				
Perform and document a complete wound assessment identifying wound bed appearance (need for debridement), exudate (type and amount). Assess for tunnelling / undermining / fistulas / sinus tracts and peri wound area at baseline and with dressing changes. Assess for exposed tendon, ligaments and nerves.				
Assess and identify contraindications for NPWT (malignant wound, untreated osteomyelitis, unexplored fistulas, eschar in wound bed, pressure ulcer not offloaded, diabetic ulcer not offloaded or glycosylated hemoglobin (HbA1c) greater than 7.9%, unmanaged pain, patient unable to comply with minimum 22 hours of therapy, treatment does not include use of advanced dressing for at least 3 weeks).				
Assess wound for signs and symptoms of infection: induration, increased exudate, unusual odour, delayed healing, friable or discoloured granulation tissue, peri wound erythema greater than 2 cm, bruising or bleeding at baseline and with dressing changes and report to primary care practitioner.				
Perform and document a complete pain assessment.				
For extremity wounds perform a bilateral vascular assessment including an ABPI (must be done within one week of first visit) *Patients with possible false high ABPI's include: diabetics, renal failure, edema and may provide inaccurate Doppler readings.* **NPWT contraindicated in ABPI less than 0.5.**				
Assess NPWT canister with dressing changes, and change canister when full (unit will alarm), or minimally weekly **Discharge NPWT if frank bleeding in canister.**				
Baseline wound measurement; then record measurement **every visit.**				
Photo image upload at initial visit, monthly and with wound deterioration.				
GOALS				
Wound will progress through the healing process.				
Wound will be protected from further complications.				
Patient factors contributing to infection will be addressed and mitigated (i.e. nutritional support, glycemic control, restoration of balance between host resistance and microorganisms).				
Patient will have acceptable pain management.				
Encourage patient/caregiver participation in developing individualized treatment plan and exploring self-management.				

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WOUND TREATMENTS				
Mechanically irrigate and cleanse wound with pressure between 4-15 pounds per square inch (p.s.i) .				
Pat peri-wound dry and apply barrier, skin prep or hydrocolloid for protection.				
Select dressing based on wound size and characteristics. VERSA FOAM/BLACK GRANUFOAM/ACTICOAT FLEX				
Date and initial each dressing as well as recording number of pieces of foam/gauze/filler				
Leave portion of dressing extending if wound has tunnels to allow visualization and retrieval..				
If infection or bioburden suspected place antimicrobial dressing (Acticoat™) under NPWT.				
Protect exposed tendons, ligaments and nerves.				
Choose appropriate cycle of therapy (intermittent or continuous) add pressure settings as tolerate by patient: Pressures settings as tolerated by patient: 50mmhg, 75mmhg, 125mmhg, 150mmhg for VAC and 80mmhg for PICO Consider titrating up for: excessive drainage, large wound volume or when using Versa foam with VAC Consider titrating down for: risk of excessive bleeding, excessive granulation tissue or pain unrelieved by analgesia				
Y connector with V.A.C.™ for treatment of multiple wounds on same patient (change Y connector weekly minimally*).* **Do not connect infected wounds with non-infected wounds and avoid connecting wounds that require different pressure settings* .				
Use bridging technique for wound in close proximity (protect intact skin with piece of drape and all dressing pieces must be in contact with each other).				
Change NPWT dressing q. 3 days; PICO q. 7 days.				
CAT Scan for unexplored fistulas or sinus tracts (inability to determine wound base).				
Obtain culture and swab as per primary care practitioner orders.				
MEDICATIONS				
Provide analgesics PRN.				
Initiate topical and/or systemic antibiotic therapy as per PCP order.				
TEACHING AND PSYCHOSOCIAL SUPPORT				
Teach patient importance of complying with minimum of 22 hours of therapy.				
Encourage a diet high in protein and calories unless contraindicated/consult dietician if indicated.				

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Encourage adequate fluid intake (2L/day) unless contraindicated.				
Involve patient and family in care planning where appropriate.				
REFERRALS				
Consult primary care practitioner or NSWOC if needed for debridement.				
Consult primary care practitioner or NSWOC if less than 30% healing in 3 to 4 weeks.				
NPWT DISCONTINUATION (Limited therapy time of 12 weeks)				
Therapy goals met (granulation tissue level with surrounding skin).				
No progression towards healing (less than 30% healing in 3 to 4 weeks).				
Uncontrolled or excessive bleeding - notify Primary Care Provider immediately.				
Variance report submission by 10 weeks if NPWT time expected to be greater than 12 weeks .				