Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

Negative Pressure Wound Therapy Referral Information Sheet

Before initiation of Negative Pressure Wound Therapy (NPWT), the ordering physician / Wound Care Clinician must complete the following information

Date:_____ Address: _____

Client Name: _____ _____

BRN:_____ _____

Date of Birth (d/m/y): _____ _____

Wound History: Diagnosis (Check one):

☐ Pilonidal sinuses ☐ Large surgical wound ☐ Mediastinal wound ☐ Necrotizing fasciitis wounds
☐ Pressure ulcers ☐ Orthopaedic wound ☐ Traumatic wounds ☐ Diabetic foot

Age of wound: _____

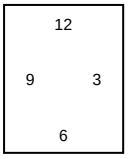
What advanced-wound Rx has been previously used to treat this wound?

_____

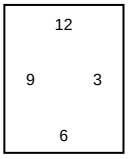
What has the response been? ☐ wound static ☐ wound improving

Wound measurements & description: Length:_____cm x width:_____cm x Depth:_____cm

Undermining:



Tunnelling:



Expected therapy goals: *(i.e. Flap/Graft/Closure/Prep for Surgery)*
_____ in_____weeks.

Without NPWT Therapy, how long would this/these wound(s) take to heal *(approx.)*_____weeks

Indicate what the frequency would be for conventional dressing changes:

☐ OD ☐ BID ☐ TID ☐ 3 x week ☐ Other_____

Current Pain Scale: 1 - 2- 3 -4 -5 -6 -7 -8 -9 -10 _____

Analgesia: _____

☐ **Wounds must have the following criteria to be eligible for NPWT therapy:**

- Once a day (OD), twice a day (BID), or three times a day (TID) dressing changes.
- Acute wounds/traumatic wounds.
- Surgical wounds.
- Stage III to IV Pressure Ulcers of recent occurrence.
- Dehisced wounds.
- Diabetic foot ulcers following surgical procedures or sharp debridement with viable tissue (where ABPI > 0.5.)
- Arterial insufficiency (where ABPI <0.5.)

☐ **No NPWT therapy contraindications exist:**

- Presence of necrotic tissue. (Wound must be debrided so that at least 80% of base contains healthy granulation tissue.)
- Nutritional status is not adequate to support healing. (e.g. Braden nutritional score < 3, Nutritional compromise with serum albumin <35 g/dl, or pre-albumin level <16 mg/dL.)
- Severe excoriation or periwound.
- An unexplored fistula to organs or body cavities (other than chronic enteric fistulas.)
- Unresolved, untreated osteomyelitis and any infection that is untreated prior to application.
- Malignancy or cancer in wound margins.
- Unresolved bleeding following debridement. Exposed blood vessels and/or organs.
- Client experiencing difficult homeostasis after debridement.

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☐ **Precautions have been addressed:**

- Sharp fragments of bone must be removed prior to initiation of NPWT.
- Exposed tendons, ligaments and nerves must be covered with meshed non-adherent material before the NPWT dressing is applied.
- Client receiving anticoagulants with stable INRs.
- Not experiencing active bleeding or anemia.
- Immunodeficient disease, for example Leukemia, HIV.
- Haematologic disorders well-controlled.
- Diabetes or hypertension well-controlled.
- No current abuse of drugs or alcohol.
- Systemic steroids.
- If the location of the wound interferes with the therapy be preventing a sustainable seal of the drape, the NPWT will be discontinued.

☐ **Discontinuation Criteria:**

- When there is no measurable progress to wound healing within two weeks;
- When there is not 20-40 percent reduction in the size of the wound within three to four weeks;
- The wound has healed such that the foam no longer fits the wound;
- The goals for healing have been met;
- If any of the following occur: bleeding, bruising, unmanaged pain in response to the therapy, an occlusive seal cannot be achieved, the client does not comply with the treatment regime, or the wound deteriorates.
- Regardless of decrease in size, if the wound is healing as expected the NPWT will be discontinued by the end of 6 to 8 weeks of treatment

The Physician has assessed that NPWT is safe to use for this client: ☐ YES ☐ NO

NPWT TREATMENT PLAN – Identify treatment type, dressing type, size, and delivery required:

☐ **KCI ActiVAC** ☐ Granufoam Kit: ☐ Small ☐ Medium ☐ Large
☐ Whitefoam Kit: ☐ Small ☐ Large
☐ 300 ml Cannister

☐ **Nanova Therapy Unit** ☐ Nanova Small Dressing ☐ Nanova Medium Dressing ☐ Nanova Large Dressing

DELIVERY: ☐ Regular Next-Day Home Delivery ☐ Delivery date required: _____

Initial Settings ActiVAC: ☐ 1st 48 hours all wounds) ☐ Intermittent (if wound appropriate, after 48 hrs)

☐ 25mm/Hg ☐ 50mm/Hg ☐ 75mm/Hg ☐ 100mm/Hg ☐ 125mm/Hg ☐ 150mm/Hg ☐ 175mm/Hg
☐ 200mm/Hg

_____

Provide alternate moist wound dressing treatment should the NPWT needs to be interrupted or discontinued:

☐ At Nurse's discretion or ☐ Primary dressing: _____ Secondary dressing _____ Dressing change frequency: _____

☐ **Name of Institution** _____

Physician / Wound Specialist: _____

☐ **Signature**: _____

For LHIN Use Only:

SEND completed form to Vendor Yurek's with Service Referral –Pharmacy Consultation - via HPG.

Yureks Phone Number: 1-888-631-6502 **COPY TO**: Manager, Client Services

Thank you for your time and consideration.