Ontario Health atHome

141 Weber Street South
Waterloo ON N2J 2A9
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Fax (Intake): 519 883 5550
Toll Free Phone: 1 888 883 3313

Name			
Address			
City		PC	
Phone		DOB	
HCN		VC	

****Please complete all fields****

Contraindications for NPWT (Please complete specific wound or best practice order below)

Malignancy in the wound
Exposed blood vessels
Unexplored or non-enteric fistulas
Unresolved bleeding or hematological disorders
Arterial Ulcer with non-healing ABI < 0.5
Necrotic tissue with eschar > 20%
Untreated osteomyelitis or untreated wound infection

Wound Type:

Wound Location:

Wound Measurement: L ______________ W ______________ D ______________

Therapy Setting: ☐ Continuous ☐ Intermittent

Cardinal Health: NPWT PRO

Foam Type: Black Foam
- ☐ Small (10x8x3cm) ☐ Medium (20x12x3cm)
- ☐ Large (25x15x3cm) ☐ X-Large (58.5x33x3cm)

White Foam
- ☐ Yes ☐ No

Interface
- ☐ Yes ____________ ☐ No

Pressure Setting:
- ☐ 50 mmHg
- ☐ 75 mmHg
- ☐ 100mmHg
- ☐ 125mmHg
- ☐ 150mmHg

☐ Wound care orders:

OR

☐ Wound Care as per Best Practice

NPWT initiated in Hospital: ☐ No ☐ Yes *if yes, date initiated: ____________________

Negative Pressure Wound Therapy (NPWT) Order Form

Name (please print): ______________________________ Phone# (Private): ____________________

☐MD ☐NP ☐NSWOC ☐CNS

Signature: ______________________________ Physician Billing/CNO#: ________________

Date: ______________________________