Ontario Health atHome

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Negative Pressure Wound Therapy Referral Form

Name:	Health Card #:	Version Code:
Address:		Postal Code:
Date of Birth:	Phone:	
Gender: ☐ Male ☐ Female ☐ Non-binary ☐ Unknown Pronouns:		
Diagnosis:		Diabetic: ☐ Yes ☐ No
Allergies: ☐ Yes ☐ No ☐ Unknown Specify:	Latex Allergy: ☐ Yes ☐ No ☐ Unknown	

WOUND TYPE

The following conditions can be considered for the application of NPWT. Please indicate reason for referral.

Acute Wound	☐Surgical (dehisced)	☐Traumatic	☐Abdominal	☐Pilonidal cyst	☐Partial thickness burn
Chronic Open Wound	☐Diabetic ulcer (offloaded)	☐Venous leg ulcer	☐Stage 3 or 4 pressure injury (offloaded)		
Adjunct to Surgery	☐Preparation of wound bed	☐Incisional support	☐Securing skin graft post-operatively		
Oncology Related	☐Wound complicated by radiation		☐Support wound healing prior to start of chemotherapy		

WOUND DESCRIPTION

Location:	Length: cm x Width: cm x Depth: cm
☐Undermining Details if applicable:	☐Tunneling Details if applicable:

Note: NPWT will continue to be assessed in the community, and settings may be reviewed based on exudate and patient tolerance. Continuation of NPWT is dependent on wound healing goals being met. Maximum treatment time for NPWT is 8 weeks.

NPWT TREATMENT ORDERS

☐ **ActiVAC** (indicate pressure settings and dressing details below)

Pressure (mmHg): _____ ☐Continuous **OR** ☐ Intermittent

Dressing (select one):

Granufoam Black:
☐ Small (10cm x 7.5cm x 3.2cm)
☐ Medium (18cm x 12.5cm x 3.2cm)
☐ Large (26cm x 15cm x 3.2cm)
☐ X-Large (60cm x 30cm x 3.2cm)

Silver Granufoam:
☐ Small (10cm x 7.5cm x 3.2cm)
☐ Medium (18cm x 12.5cm x 3.2cm)
☐ Large (26cm x 15cm x 3.2cm)

White Foam:
☐ Small (10cm x 7.5cm x 1cm)
☐ Large (10cm x 15cm x 1cm)

Simplace Ex:
☐ Small (7.7cm x 11.2cm x 1.75cm)
☐ Medium (14.7cm x 17.4cm x 1.75cm)

☐ **VIA** (single use, disposable)
Pressure: ☐75 mmHg **OR** ☐125 mmHg

Dressing Size:
☐ 14.5cm x17cm

☐ **SNAP** (single use, disposable)
Pressure: ☐125 mmHg (non-adjustable)

Dressing Size:
☐10cm x 10cm ☐15cm x 15cm

CONVENTIONAL DRESSING ORDERS

Patients will be started on conventional dressings until NPWT can be initiated. Conventional orders also required in the case of service interruption.

Patient Name:	**HCN:**

PRECAUTIONS AND CONTRAINDICATIONS

The precautions and contraindications listed below have been reviewed, and it is determined that NPWT is appropriate to be used for patient

☐ **YES** ☐ **NO** (conventional dressings will be utilized until addressed)

The following conditions are considered precautions in the use of NPWT:	The following risk factors contraindicate the use of NPWT:
• Immunodeficiency (e.g. Leukemia, HIV); • Hematologic disorders; • Systemic or local signs of infection; • Uncontrolled diabetes; • Systemic steroids; • Receiving anticoagulant therapy; • The location of the wound will interfere with the therapy; • Nutritional impairment; • History of non-compliance; • Home environment not conducive to NPWT (i.e. cleanliness, animals etc.); or • Patient unable to adhere to minimum of 22 hours of therapy/day.	• Inadequate wound visualization; • Untreated infection in the wound site; • Fistulas to body cavities or organs; • Presence of undebrided necrotic tissue with eschar; • Untreated Osteomyelitis; • Malignancy or cancer in the wound margins; • Unresolved bleeding following debridement; or • Exposed vasculature, nerves or organ

PRESCRIBER INFORMATION

Name:	Phone:	Fax:	After Hours Number:
Signature:	CPSO/CNO#:	Date:	