

Kirkland Lake

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53, ch. Government O.
Kirkland Lake ON P2N 2E5

 Tel/Tél : 705 567 2222
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 North Bay

 1164 Devonshire Ave./
1164, av. Devonshire
North Bay ON P1B 6X7

 Tel/Tél : 705 476 2222
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 Parry Sound

 6 Albert St./
6, rue Albert
Parry Sound ON P2A 3A4

 Tel/Tél : 1 800 440 6762
Fax/Télec : 1-855-773-4056

 Sault Ste. Marie

 390 Bay St., Main Floor/
390, rue Bay, 1e étage
Sault Ste. Marie ON P6A 1X2

 Tel/Tél : 705 949 1650
Fax/Télec : 705 949 1663

 Sudbury

 40 Elm St., Suite 41-C/
40, rue Elm, bureau 41-C
Sudbury ON P3C 1S8

 Tel/Tél : 705 522 3461
Fax/Télec : 705 522 3855

 Timmins

 330 Second Ave., Suite 101/
330 av. Second, bureau 101
Timmins ON P4N 8A4

 Tel/Tél : 705 267 7766
Fax/Télec : 705 267 7795

 TTY / ATS 711 (ask operator for 1-888-533-2222 / veuillez demander le téléphoniste pour le 1-888-533-222)
Toll Free / Sans frais: 1-800-461-2919 or / ou 310-2222 no area code required / indicatif régional non requis.

***Hospital: Use hospital Ontario Health atHome fax number**

Negative Pressure Wound Therapy Referral Form

Name:		Health Card #:		Version Code:	
Address:			Postal Code:		
Date of Birth:		Phone:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Unknown Pronouns:					
Diagnosis:				Diabetic: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Specify:			Latex Allergy: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
WOUND TYPE					
The following conditions can be considered for the application of NPWT. Please indicate reason for referral.					
Acute Wound	<input type="checkbox"/> Surgical (dehiscid)	<input type="checkbox"/> Traumatic	<input type="checkbox"/> Abdominal	<input type="checkbox"/> Pilonidal cyst	<input type="checkbox"/> Partial thickness burn
Chronic Open Wound	<input type="checkbox"/> Diabetic ulcer (offloaded) <input type="checkbox"/> Venous leg ulcer		<input type="checkbox"/> Stage 3 or 4 pressure injury (offloaded)		
Adjunct to Surgery	<input type="checkbox"/> Preparation of wound bed <input type="checkbox"/> Incisional support		<input type="checkbox"/> Securing skin graft post-operatively		
Oncology Related	<input type="checkbox"/> Wound complicated by radiation		<input type="checkbox"/> Support wound healing prior to start of chemotherapy		
WOUND DESCRIPTION					
Location:		Length: cm x Width: cm x Depth: cm			
<input type="checkbox"/> Undermining Details if applicable:		<input type="checkbox"/> 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					
<input type="checkbox"/> ActiVAC (indicate pressure settings and dressing details below)			<input type="checkbox"/> PICO (single use, disposable)		
Pressure (mmHg): _____ <input type="checkbox"/> Continuous OR <input type="checkbox"/> Intermittent			Pressure: <input type="checkbox"/> 80 mmHg (non-adjustable)		
Dressing (select one):			Dressing Size:		
Granufoam Black:			<input type="checkbox"/> 10cm x 20cm <input type="checkbox"/> 10cm x 30cm <input type="checkbox"/> 15cm x 15cm		
Silver Granufoam:			<input type="checkbox"/> VIA (single use, disposable)		
<input type="checkbox"/> Small (10cm x 7.5cm x 3.2cm)			Pressure: <input type="checkbox"/> 75 mmHg OR <input type="checkbox"/> 125 mmHg		
<input type="checkbox"/> Medium (18cm x 12.5cm x 3.2cm)			Dressing Size:		
<input type="checkbox"/> Large (26cm x 15cm x 3.2cm)			<input type="checkbox"/> 14.5cm x17cm		
<input type="checkbox"/> X-Large (60cm x 30cm x 3.2cm)			<input type="checkbox"/> SNAP (single use, disposable)		
White Foam:			Pressure: <input type="checkbox"/> 125 mmHg (non-adjustable)		
<input type="checkbox"/> Small (10cm x 7.5cm x 1cm)			Dressing Size:		
<input type="checkbox"/> Large (10cm x 15cm x 1cm)			<input type="checkbox"/> 10cm x 10cm <input type="checkbox"/> 15cm x 15cm		
Simplace Ex:					
<input type="checkbox"/> Small (7.7cm x 11.2cm x 1.75cm)					
<input type="checkbox"/> Medium (14.7cm x 17.4cm x 1.75cm)					

Name:	Health Card #:	Version Code:
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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.

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:

- 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.

The following risk factors contraindicate the use of NPWT:

- Inadequate wound visualization;
- Untreated infection in the wound site;
- Fistulas to body cavities or organs;
- Presence of undebried 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:	