

Office Location: Toronto Tel: 416-506-9888 / 1-866-243-0061

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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	☐ Unknowr	n Specify:			Latex All	ergy:   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							al 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						herapy				
WOUND DESCRIPTION											
Location:					Length: cm x Width: cm x Depth: cm						
☐ Undermining Detai	ls 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.											
				ATM	IENT ORE	Ţ					
☐ ActiVAC (indicate pressur  Pressure (mmHg):  Dressing (select one):	-	dressing detai		□ Inter	mittent	☐ <b>PICO</b> (single Pressure: ☐80  Dressing Size: ☐10cm x 20cm		djustable)	scm x 15cm		
Granufoam Black:		Silver Granuf	oam:			☐ VIA (single u	se, disposable)	)			
☐ Small (10cm x 7.5cm x 3.2cm) ☐ Small (10cm x 7.5cm x 3.2cm			3.2cm	Pressure: □75 mmHg <b>OR</b> □125 mmHg							
☐ Medium (18cm x 12.5cm x 3.2cm) ☐ Medium (18cm x 12.5cm x 3				-							
☐ Large (26cm x 15cm x 3.2cm) ☐ Large (26cm x 15cm x 3.2cm			3.2cm)	1	Dressing Size:  ☐ 14.5cm x17cm						
☐ X-Large (60cm x 30cm x 3.2cm)					□ 14.5cm X1/ci	m					
White Foam:		Simplace Ex:				☐ <b>SNAP</b> (single	use, disposabl	le)			
☐ Small (10cm x 7.5cm x 1cm) ☐ Small (7.7cm x 11.2cm x 1.75			x 1.75	cm)	Pressure: □12		•				
□ Large (10cm x 15cm x 1cm) □ Medium (14.7cm x 17.4cm x				1.75cm)	Dressing Size: □10cm x 10cm □15cm x 15cm						
		CONIN	/ENITION	A	DECCINC			LJCIII			
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.											
Patients will be started on co	onventional dr	essings until N	PWI can be	: initiat	ed. Convent	tional orders also	required in th	ne case of ser	vice interruption.		

Patient Name:	HCN:		VC:						
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:									
<ul> <li>The following conditions are considered precautions in the use of NPWT:</li> <li>Immunodeficiency (e.g. Leukemia, HIV);</li> <li>Hematologic disorders;</li> <li>Systemic or local signs of infection;</li> <li>Uncontrolled diabetes;</li> <li>Systemic steroids;</li> <li>Receiving anticoagulant therapy;</li> <li>The location of the wound will interfere with the therapy;</li> <li>Nutritional impairment;</li> <li>History of non-compliance;</li> <li>Home environment not conducive to NPWT (i.e. cleanliness, animals etc.); or</li> <li>Patient unable to adhere to minimum of 22 hours of therapy/day.</li> </ul>			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 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:						