

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 (dehiscd)	☐ 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) White Foam: ☐ Small (10cm x 7.5cm x 1cm) ☐ Large (10cm x 15cm x 1cm)			☐ PICO (single use, disposable) Pressure: ☐ 80 mmHg (non-adjustable) Dressing Size: ☐ 10cm x 20cm ☐ 10cm x 30cm ☐ 15cm x 15cm ☐ SNAP (single use, disposable) Pressure: ☐ 125 mmHg (non-adjustable) Dressing Size: ☐ 10cm x 10cm ☐ 15cm x 15cm ☐ V.A.C. Peel and Place ☐ Small (up to 2cm in depth) ☐ Medium (up to 4cm in depth) ☐ Large (up to 6cm in depth)		
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: • 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 unbridged 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:	