



Client Label

**NPWT/VAC Treatment Care Plan and Flow Sheet:**

Location of Wound:	Photo & Measure weekly on:
<b>TREATMENT CARE PLAN (TCP)</b>	<b>Start date</b> <b>INITIALS</b>
<b>Therapy Goal:</b> <input type="checkbox"/> Prep for secondary closure <input type="checkbox"/> Post STSG/flap <input type="checkbox"/> Wound closure	
<b>NPT Setting:</b> _____ mmHg <input type="checkbox"/> Intermittent <input type="checkbox"/> Continuous <b>Intensity:</b> Low unless rapid seal required	
Dressing change frequency:	
Procedure & required products:	
Analgesia/topical anesthetic required:	

	DATE:										
<b>Wound Assessment</b>	TIME:										
Length (cm)											
Width (cm)											
Depth (cm)											
Location/depth of undermining (cm)											
Tunneling/Sinus Tract (cm):											
Wound Bed (%) colour	Healthy red										
	Slough yellow										
	Necrotic black										
Wound Edge:											
Periwound Skin: condition and treatment											
Exudate Type											
Exudate Amount (% in canister)											
Odour (yes/no)											
Pain: Yes/No (Detail in notes)											
<b>Dressing Applied:</b> (record # pieces Out & In)		Out	In	Out	In	Out	In	Out	In	Out	In
Black foam											
White foam											
Antimicrobial interface (type & #)											
Non-adherent interface (type & #)											
Other: specify											
Clinical signs of infection: Yes/No											
Canister change: Yes/No											
Therapy Setting: <u>per TCP</u>											
T <sub>x</sub> per TCP: Yes or Change											
Initials											
Visit Number											

<p><b>See Island Health procedure for NPWT dressing change</b></p>	<p><b>Canister Management:</b></p> <ol style="list-style-type: none"> <li>1. Change canister when full or every 7 days. Label canister with date when inserted.</li> <li>2. Change Y-Connector weekly.</li> <li>3. When changing canister chart amount of drainage on in/out sheet if applicable.</li> </ol>
<p>Wound Assessment</p>	<ol style="list-style-type: none"> <li>4. Assess wound for depth, width, length, undermining, appearance, odour &amp; drainage with each dressing change.</li> <li>5. Chart on <b>NPT Dressing Flow sheet</b>.</li> <li>6. Document VAC therapy &amp; settings Q shift in acute care on <b>NPT Wound Flow sheet</b> / progress notes.</li> <li>7. Photos may be taken before and during care. Obtain <b>Island Health photography consent</b>. <b>If photos printed, apply Pt ID label to photo plus Date &amp; time and place in patient chart.</b></li> </ol>
<p>Pain Management</p>	<ol style="list-style-type: none"> <li>1. If client has wound pain and / or treatment-related pain, organize care to coordinate with analgesic administration allowing sufficient time for the analgesic to take effect</li> <li>2. Administer analgesic regularly and in the appropriate dose to control pain; refer the client to a physician if pain is not well controlled</li> <li>3. Clinician or client will turn off the NPWT 1 hour prior to dressing change.</li> <li>4. Dressing related pain can be decreased by flushing the dressing with sterile normal saline or Xylocaine 1% 30 minutes prior to the dressing change.</li> <li>5. Refer to the wound care clinician or physician to determine need for topical analgesics (e.g. morphine) or topical anesthetics (e.g. Xylocaine gel or Xylocaine 1%) if procedural wound pain not well controlled.</li> <li>6. Encourage clients to request a "time-out" during painful procedures, e.g. NPWT dressing removal.</li> <li>7. If pain is due to disruption of the granulation tissue during dressing changes a few options are available: <ul style="list-style-type: none"> <li>• Line the wound bed with a non-adherent porous dressing layer prior to applying the foam dressing.</li> </ul> <p>Use alternate foam product as primary contact layer (white PVC foam is denser, non-adherent and prevents in-growth of granulation tissue into sponge).</p> </li> </ol>
<p>Wound Infection Identification and Management</p> <p><b>3 or more of the following Signs &amp; Symptoms are sufficient for a clinical diagnosis of potential or actual wound infection.</b></p>	<ul style="list-style-type: none"> <li>• Non-healing wound (minimal change in wound measurements after 3 weeks of care)</li> <li>• Onset of wound pain or increasing pain</li> <li>• Odour after wound cleansing</li> <li>• Onset or increase peri wound warmth, erythema &amp; induration 2cm or greater</li> <li>• Friable or hypergranulation tissue (pink to bright red non-pebbly tissue)</li> <li>• New areas of necrotic tissue</li> <li>• Increased amount of exudate &amp;/or change in characteristics of exudate from watery and serous to purulent</li> <li>• Increased wound size and / or the development of sinus tracts and / or satellite wounds</li> <li>• Fever (may be muted in clients who are elderly or immunocompromised, diabetics), Rigor / chills</li> <li>• Unexplained high blood sugar in clients who are diabetic</li> <li>• Change in behaviour or cognition (especially in elderly clients)</li> <li>• Increased dysreflexia / spasticity in clients with spinal cord injury</li> </ul>



**PRINT INSTRUCTIONS:** HC 106  
Form Number

NPWT/VAC Treatment Care Plan & Flow Sheet  
Form Name

**Document Contact:** Kerstin Lewis  
Name

Community Resource Team  
Position Title

Check all that apply "X"

<b>Size of sheet:</b>	
(letter) 8.5 x 11	<b>X</b>
(legal) 8.5 x 14	
11 x 17	
5.5. x 8.5	
Other	
<b>Paper:</b>	
20 lb bond (regular paper)	<b>X</b>
70 lb offset	
NCR 2-part pre-collated (white/canary)	
NCR 3 part " (white/canary/pink)	
NCR 4 part " (white/canary/pink/goldenrod)	
<b>Colour of Paper:</b>	<b>white</b>
<b>Printing:</b>	
One side	
Two sides	<b>X</b>
Sides the same	
Sides different	<b>X</b>
head to head	<b>X</b>
head to foot	
<b>Ink:</b>	
Black	<b>X</b>
Other	
<b>Punching:</b>	
3 holes left	<b>X</b>
5 holes left	
Other	
<b>Stapling:</b>	
Top left	
Other	
<b>Folding:</b>	
In half	
Pamphlet	
<b>Other Details:</b>	