

VAC Therapy Care Plan

Indications:

- Acute/Traumatic Wounds
- Abdominal Wounds
- Cardio thoracic Wounds
- Orthopedic Wounds
- Chronic Wounds
- Burns/post grafts

GOAL	INTERVENTION	SIGNATURE/ STATUS	Date
Goals of VAC therapy are described:	<p>Describe the goals for Vacuum Therapy related to this client:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Reassess goals and use of VAC if wound is not healing appropriately. Alternate dressing if VAC Therapy is interrupted: (Discuss with CNL/CNE/Resource nurse if uncertain)</p> <p>_____</p> <p>_____</p> <p>_____</p>		
Assessment:	<ol style="list-style-type: none"> 1. Assess wound for dimensions (depth, width, length and undermining), appearance and drainage including: Location, Staging, Color, Drainage, 2. Repeat wound assessment after 3 dressing changes or weekly. 3. DUE: _____ (Day of Week) 4. A digital photograph is to be taken prior to applying VAC dressing and weekly thereafter. Photograph attached and labelled: <input type="checkbox"/> Yes (if available and consent from patient) <input type="checkbox"/> No 5. Document VAC assessment qshift in hospital – see Flow Sheet. 		
Dressing size and type established:	<p>GranuFoam: <input type="checkbox"/> small <input type="checkbox"/> medium <input type="checkbox"/> large Number of foam pieces: ____</p> <p>VersFoam: <input type="checkbox"/> Number of foam pieces: _____</p> <p>Specialized application: <input type="checkbox"/> Bridging <input type="checkbox"/> Y-connector <input type="checkbox"/> Peri wound protection</p> <p>Describe technique if necessary:</p> <p>_____</p> <p>_____</p> <p>_____</p>		

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Dressing schedule is established:	<p>See procedure for VAC dressing changes. Give analgesic ½ hour before dressing change. After initial 48 hours check KCI manual for options to switch from continuous to intermittent.</p> <p><input type="checkbox"/> 3x week – Mon Tues Wed Thurs Fri Sat Sun (circle) <input type="checkbox"/> Every 2 days <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent</p> <p><input type="checkbox"/> 50mmHg <input type="checkbox"/> 75mmHg <input type="checkbox"/> 100mmHg <input type="checkbox"/> 125mmHg <input type="checkbox"/> 150mmHg <input type="checkbox"/> 200mmHg</p> <p>Change Canister when full (VAC will alarm) or q7 days</p>		