**Negative Pressure Wound Therapy**

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1. **Apply Negative Pressure Wound Therapy to** ____________________________________

   **Using:**
   - ☐ Black Granufoam
   - ☐ WhiteFoam

   **At:**
   - ☐ 125 mmHg
   - _____ mmHg

   - ☐ Continuous
   - _____ Intermittent

2. **Change dressing:**
   - ☐ twice weekly and PRN leakage
   - ☐ three times weekly and PRN leakage

3. **Apply skin protective wipe and/or hydrocolloid wafer to the intact skin surrounding wound PRN**
   for extra skin protection. May clip hair surrounding area PRN.

4. **Cover visible hardware, bones, tendons, or other fragile tissues with structures with porous, non-adherent,**
   contact layer such as Adaptic or Mepitel. Cover blood vessels or graft material with Xeroform.

5. **Use sterile saline PRN to loosen and remove adhered sponge from wound bed and to clean wound bed.**

6. **Monitor for increased or large amount of bleeding (100 cc or more in one hour or less).** If bleeding occurs
   - • Turn off device right away
   - • Notify Physician (wound nurse may not manage acute bleeding)
   - • Put pressure over the area. Do not remove the dressing until you have orders

7. **Monitor for wound infection and notify physician if any of the following:**
   - • Fever >101
   - • Red, swollen or painful site
   - • Pus or foul odor

8. **Monitor for allergic reaction and notify the physician if any of the following:**
   - • Redness
   - • Swelling
   - • Severe itching, rash or hives
   - • Difficulty breathing

9. **Monitor and document each shift:**
   - • Device ON and status bar rotating
   - • VAC unit plugged into outlet
   - • Dressing collapsed and contracted
   - • Drainage: amount and type

10. **If device is alarming or off for more than 2 hrs, remove old dressing and irrigate wound with saline.**
    Apply saline moist gauze and notify Wound Nurse in AM.

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**DOCTOR’S ORDERS**

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**BOTTOM EDGE OF PATIENT LABEL**

REV 11/10; SD40-3