Health
South Western Sydney
Local Health District

NEGATIVE PRESSURE WOUND THERAPY (NPWT) AUTHORITY

SURNAME		MRN
OTHER NAMES		[ ] MALE [ ] FEMALE
D.O.B. ______/______/______	M.O.	
ADDRESS		
LOCATION		

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

1. Indicate in the Patient Health records the rationale for the usage of the NPWT therapy.
2. Orders to be completed, by medical officer or wound care expert, weekly in the inpatient setting, or monthly in the outpatient setting and also when therapy settings change.
3. Dressing is to be changed as ordered. Canister to be changed weekly or as necessary.
4. Observations: the NPWT dressing care plan must be attended each shift, or at each community nurse visit
5. If patient is discharged into the community setting with the NPWT, this form must be current and a copy forwarded with the Community Nurse Referral.

	Commencement Authorisation Date:	**Reauthorisation 1** Date:	**Reauthorisation 2** Date
Authorisation Name / Signature / Designation			
Therapy Goal / Rationale			
Wound Location			
Type of NPWT Machine	[ ] InfoVac [ ] Activac [ ] Other ____________	[ ] InfoVac [ ] Activac [ ] Other ____________	[ ] InfoVac [ ] Activac [ ] Other ____________
Cycle setting	[ ] Continuous [ ] Intermittent	[ ] Continuous [ ] Intermittent	[ ] Continuous [ ] Intermittent
Pressure setting	____________ mmHg	____________ mmHg	____________ mmHg
Dressing type	[ ] GranuFoam [ ] VersaFoam [ ] AMD Gauze	[ ] GranuFoam [ ] VersaFoam [ ] AMD Gauze	[ ] GranuFoam [ ] VersaFoam [ ] AMD Gauze
Dressing size	[ ] Small [ ] Medium [ ] Large	[ ] Small [ ] Medium [ ] Large	[ ] Small [ ] Medium [ ] Large
Dressing Frequency			
Canister Change			
Other			

BINDING MARGIN – NO WRITING
FILE IN CLINICAL RECORD

ID 6070868 Aug 11

This form has a reverse side

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COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

	Reauthorisation 3 Date:	**Reauthorisation 4** Date:	**Reauthorisation 5** Date:
Authorisation Name / Signature / Designation			
Therapy Goal / Rationale			
Wound Location			
Type of NPWT Machine	[ ] InfoVac [ ] Activac [ ] Other ____________	[ ] InfoVac [ ] Activac [ ] Other ____________	[ ] InfoVac [ ] Activac [ ] Other ____________
Cycle setting	[ ] Continuous [ ] Intermittent	[ ] Continuous [ ] Intermittent	[ ] Continuous [ ] Intermittent
Pressure setting	____________ mmHg	____________ mmHg	____________ mmHg
Dressing type	[ ] GranuFoam [ ] VersaFoam [ ] AMD Gauze	[ ] GranuFoam [ ] VersaFoam [ ] AMD Gauze	[ ] GranuFoam [ ] VersaFoam [ ] AMD Gauze
Dressing size	[ ] Small [ ] Medium [ ] Large	[ ] Small [ ] Medium [ ] Large	[ ] Small [ ] Medium [ ] Large
Dressing Frequency			
Canister Change			
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BINDING MARGIN – NO WRITING
FILE IN CLINICAL RECORD