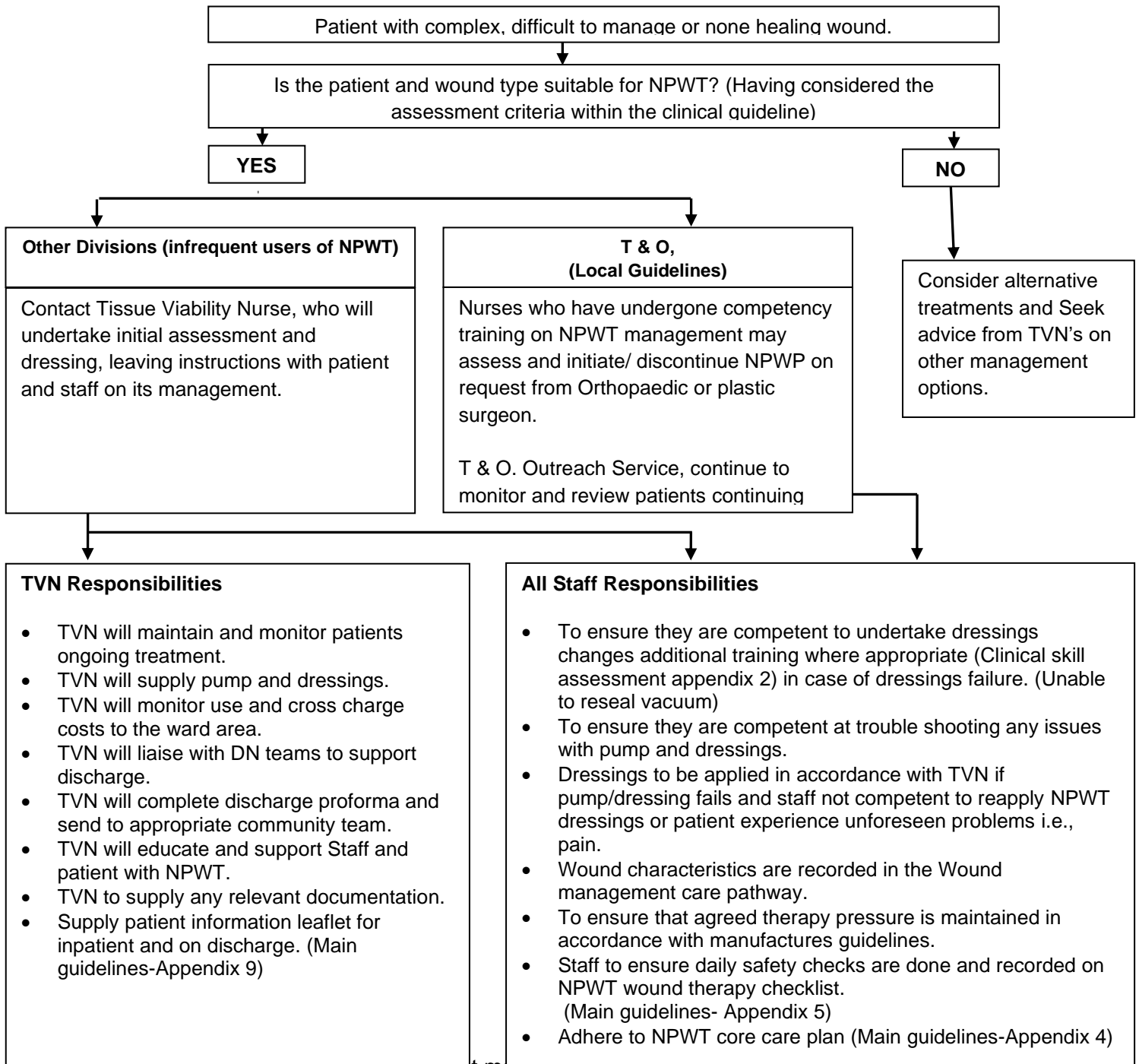


## Negative Pressure Wound Therapy Guidelines - Summary Clinical Guideline

Reference No:CG-T/2023/027

- Negative pressure wound therapy (NPWT) is a broad term used to describe a unique and versatile system that aids the optimization of wound healing through the application of sub-atmospheric pressure to help reduce inflammatory exudate and promote granulation tissue. The Trust currently has three types of NPWT in use. Acelity (KCI) V.A.C ULTA, Smith and Nephew's Renasys Go/Touch and PICO.
- Flowchart for the use of NPWT within the Trust:



- Indications for NPWT include Pressure ulcers, Traumatic tissue loss, Extensive tissue loss due to Necrotising fasciitis, Diabetic /Neuropathic wounds, Dehisced / Open surgical wounds, Explored sinus drainage and management Burns Skin/Muscle flaps grafts.
- Contraindications include if the patient refuses, Osteomyelitis that has not been debrided or treated with the appropriate antibiotic, Known malignancy within the wound, Necrotic tissue with eschar present, Exposed blood vessels and organs and non-enteric or unexplored fistulae.
- Appendix 1 of main guidelines highlights how to obtain the pump and consumables at different UHDB sites.
- Technique for application can be found within the main guideline and in the appropriate product literature.
- Ward nurses will observe the NPWT and report any problems back to the TVN or orthopaedic team as necessary. NPWT systems should be checked at least every 8 hours by ward staff using the NPWT checklist form.
- Core care plans are available for both NPWT and PICO therapies.
- Treatment should be discontinued if any of the contraindications to the use of NPWT arise during treatment. If there is no improvement to the wound after 2 to 3 weeks of therapy, If circulation cannot be improved to sustain healing, if there are persistent problems maintaining a sealed vacuum, when the treatment aims are achieved, if the patient is non concordant or If there is failure to tolerate treatment modality by the patient
- Prior to discharging a patient on NPWT an holistic review of the patient and wound should be undertaken including the practical aspects of managing the system at home. The TVN will facilitate the discharge planning with NPWT using appendix 8 in main guidelines. Specifically, discharge into Staffordshire - NPWT must be stopped, if possible, prior to discharge. Please see appendix 8 for this process.
- Patients with NPWT must be referred to the community TVN prior to discharge by the acute Tissue Viability team. The ward staff caring for the patient on the ward will also refer the patient to the DN team covering their locality. Please see Appendix 8 of main guidelines for discharge guidance for geographical areas.
- The orthopaedic outreach team are responsible for the ongoing care of orthopaedic patients requiring ongoing wound care, particularly NPWT.
- Patients being discharged with ongoing NPWT should receive the appropriate patient information leaflet.