THE STUDY VAULT

Clinical Chaos

Wound VAC

SKILL SNAPSHOT

Purpose
- Applies controlled negative pressure to a sealed wound to remove exudate, reduce edema, promote perfusion, and support granulation.

When to use
- Ordered negative-pressure wound therapy for an appropriate acute, chronic, surgical, graft, or complex wound.

Supplies needed
- Ordered NPWT unit/settings; correct foam/gauze kit; drape; tubing/canister; skin barrier; sterile dressing supplies; PPE; measuring tools.

PREP + PATIENT SETUP
- Verify order, pressure/mode, dressing material, change frequency, wound type, and analgesia.
- Screen for exposed organs/vessels, untreated osteomyelitis, necrotic eschar, malignancy in wound, unexplored fistula, and bleeding risk.

VAULT TIP
- The three nonnegotiables are protection, foam count, and a verified seal at the prescribed setting.

STEP-BY-STEP
1. Hand hygiene; identify patient; premedicate early enough to work. Apply PPE and position with wound accessible.
2. Turn therapy off and clamp tubing as device directs. Gently remove drape and all foam/gauze; count pieces against prior documentation.
3. If dressing adheres, moisten only as manufacturer/order allows. Stop for unexpected bleeding or retained material.
4. Assess and measure wound bed, edges, undermining/tunneling, drainage, odor, exposed structures, and periwound skin.
5. Discard contaminated supplies; hand hygiene; create sterile field and don sterile gloves per policy.
6. Cleanse wound with ordered solution. Protect vessels/organs with ordered contact layer and protect periwound with barrier.
7. Cut foam away from wound—not over it. Shape to fill wound without force; do not overlap intact skin.
8. Place the exact number of foam pieces, keeping them in contact and documenting each piece. Bridge only when ordered and protect skin beneath bridge.
9. Cover with adhesive drape extending onto intact dry skin. Smooth wrinkles and seal all edges.
10. Cut the drape opening according to system instructions and apply track pad/tubing without pressure over bony areas.
11. Connect to canister, unclamp, and start exact prescribed pressure/mode. Verify foam collapses and seal indicator shows no leak.
12. Label dressing with date/time/initials and foam count. Route tubing safely and keep canister upright.
13. Reassess pain, bleeding, drainage, seal, alarms, skin, and therapy function. Follow urgent plan if device is off beyond the allowed interval.

SAFETY REMINDERS
- Active/uncontrolled bleeding requires immediate action; anticoagulation increases risk.
- Never leave foam in a wound uncounted.
- Do not place foam directly on exposed vessels, organs, nerves, or anastomoses.
- Do not ignore leak/blockage alarms.

COMMON MISTAKES
- Cutting foam over wound.
- Foam overlapping intact skin.
- Wrong pressure/mode.
- Failing to count removed/placed pieces.

DOCUMENTATION
- Wound measurements/appearance.
- Foam type and pieces removed/placed.
- Pressure, mode, seal, canister/output.
- Pain, bleeding, skin, tolerance.
- Teaching, alarms, interventions, notifications.