

Best Practice Guidelines for Utilizing Traditional Negative Pressure Wound Therapy in Extended Care Settings

Negative Pressure Wound Therapy (i.e., Wound Vacs, Wound Pumps, NPWT, etc.) is an Advanced Treatment Modality. Therefore, nurses and/or therapists must have the skills and education to utilize this modality without causing harm appropriately. Patients selected for this advanced treatment should be cognitively aware and agreeable to this form of therapy OR be unable to pick at the appliance, causing a break in the seal. Traditional Negative Pressure Wound Therapy foam CANNOT be left in a wound bed for more than 2 hours if the device is not functioning correctly or the seal is broken. Leaving foam in place for longer than 2 hours can lead to sepsis and even death. It is for these reasons the following protocols are recommended for traditional NPWT:

- 1) When accepting a patient from another care setting with orders for traditional NPWT, upon admission, remove all pieces of foam and/or dressing supplies from the wound and wound bed. It does NOT matter if the dressing was just changed prior to their arrival. You need to know what is in the wound, how much, and what supplies you need to replace the dressing.
- 2) Do not reapply the foam NPWT dressing until you have the pump (machine) for the NPWT in your building. Instead, cover or replace with another wound dressing per your treatment protocols.
- 3) When replacing the foam, NEVER place the foam on the skin (See 1st photo below). Foam is designed to be placed into the wound and fill the dead space. A wound should have foam cut to the shape of the wound and is designed to heal the wound from the bottom up (inside out).
- 4) Document on the dressing (and in the medical record) how many pieces of foam (and other material) were placed in the wound bed (See 2nd photo below).
 - a. Examples: 1 piece white foam, 2 pieces black foam, 1 piece Vaseline gauze, etc
- 5) Chart the dressing change on the TAR (when utilizing traditional negative pressure devices, it should be changed three times weekly unless an unusual circumstance exists)
- 6) Chart on the TAR every 2 hours that the device is functioning properly. If found not functioning, chart steps or interventions taken to correct the functioning of the device. If unable to get the device functioning, remove the foam and other materials, replace it with a dressing from standard protocols and notify the physician managing the NPWT device.
- 7) Chart the canister change on the TAR (when utilizing traditional negative pressure devices, it should be changed weekly unless an unusual circumstance arises). The canister can be changed more frequently if necessary, based on the exudate of the wound.
- 8) Mark the date of the canister change on the canister.
- 9) Never cut the foam over the patient's wound. Foam can fiber off and leave pieces inside the wound bed. Cut over the trashcan or other receptacle to catch the pieces of foam that can shed, lint, or fiber off when cutting foam to wound shape.



Publication authored by Martha Kelso, RN, LNC, HBOT. Permission is granted to long-term care/skilled nursing facilities to use, edit, change, implement or adopt as their own. All others must receive written permission from the author prior to incorporating or utilizing.