



Non-Insured Health Benefits (NIHB) Wound Care Assessment Form

This assessment form can be used to recommend coverage of wound care supplies under the NIHB Program. It must be completed by a physician, nurse practitioner, registered nurse or licensed practical nurse/registered practical nurse (when applicable), and is considered a prescription or recommendation.

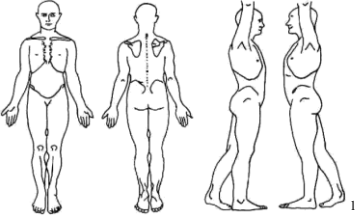
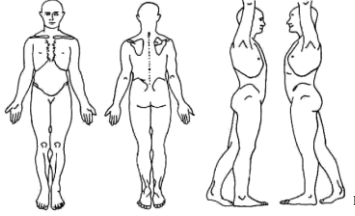
Benefits covered and their eligibility criteria can be found on the Medical Supplies and Equipment Guide and Benefits List for First Nations and Inuit at <https://www.sac-isc.gc.ca/eng/1585320116553/1585320137871>. The information in this assessment form is required with each renewal request.

This assessment form provides space to complete two wound assessments. If a client has more than two wounds, please complete sections D and E for any additional wounds. If submitted together, page 1 (sections A to C) only needs to be completed once

Section A Select only if applicable	
<input type="checkbox"/>	Palliative Care Client
<input type="checkbox"/>	Client is in a health care facility - discharge date: (YYYY-MM-DD):
<input type="checkbox"/>	Client lives in a residence – Must indicate residence type:
<input type="checkbox"/>	Urgent – Must explain:

Section B Client Information (Please print clearly)	
Surname:	Given Name(s):
Date of Birth (YYYY/MM/DD):	Client ID #:

Section C Health Professional Information **Form must be dated and signed		
Surname:	Given Name(s):	
Physician	Nurse Practitioner	
Nurse Specialized in Wound, Ostomy and Continence	Registered Nurse	
Licensed Practical Nurse/Registered Practical Nurse		
Licence Number:	Phone Number:	Fax Number:
Office Name/Location:	Email:	
Signature (Health Professional):	Date (YYYY-MM-DD):	

Section D. Wound Details (Please print clearly)							
		Wound #1		Wound #2			
Required Information	Date of wound onset						
	Wound type	Acute Chronic (wound has not started healing after 8 weeks)		Acute Chronic (wound has not started healing after 8 weeks)			
	Wound diagnosis	Arterial leg ulcer Pressure injury, stage: Diabetic foot ulcer 1 2 Venous leg ulcer 3 4 Surgical: Other: Unstageable		Arterial leg ulcer Pressure injury, stage: Diabetic foot ulcer 1 2 Venous leg ulcer 3 4 Surgical: Other: Unstageable			
	Wound location, please circle and describe wound location						
	Wound size	Length	:	cm	Length	:	cm
		Width	:	cm	Width	:	cm
		Depth	:	cm	Depth	:	cm
	Wound tunnelling	Yes No		Yes No			
Direction		:		Direction	:		
Depth		:	cm	Depth	:	cm	
Exudate amount	Nil/None Large/Copious Scant/Small Unable to assess Moderate		Nil/None Large/Copious Scant/Small Unable to assess Moderate				
	Exudate type	Nil/None Serosanguinous Sanguineous Purulent Serous Unable to assess		Nil/None Serosanguinous Sanguineous Purulent Serous Unable to assess			
Optional Information to Support Review		Wound bed	Granulation	:	%	Granulation	:
	Slough		:	%	Slough	:	%
	Eschar		:	%	Eschar	:	%
	Periwound skin	<input type="checkbox"/> Intact	<input type="checkbox"/> Excoriated/ denuded	<input type="checkbox"/> Intact	<input type="checkbox"/> Excoriated/ denuded		
		<input type="checkbox"/> Erythema	<input type="checkbox"/> Callused	<input type="checkbox"/> Erythema	<input type="checkbox"/> Callused		
		<input type="checkbox"/> Indurated	<input type="checkbox"/> Fragile	<input type="checkbox"/> Indurated	<input type="checkbox"/> Fragile		
<input type="checkbox"/> Macerated			<input type="checkbox"/> Macerated				
<input type="checkbox"/> Other:			<input type="checkbox"/> Other:				
Exposed tissue or structure	<input type="checkbox"/> Bone	<input type="checkbox"/> Muscle	<input type="checkbox"/> Bone	<input type="checkbox"/> Muscle			
	<input type="checkbox"/> Fascia	<input type="checkbox"/> Tendon	<input type="checkbox"/> Fascia	<input type="checkbox"/> Tendon			
	<input type="checkbox"/> Ligament	<input type="checkbox"/> Medical device	<input type="checkbox"/> Ligament	<input type="checkbox"/> Medical device			
Odour	None Moderate		None Moderate				
	Faint Strong		Faint Strong				
Other important associated conditions (e.g., infection, antibiotics)							
Care Plan Information	Coverage dates	30 days: Initial request or acute wound 90 days: Chronic wound or palliative care client Other (please indicate length of coverage period and justification):					
	Frequency of dressing change	Once a day 1x a week Every other day 2x a week Other: 3x a week	Once a day 1x a week Every other day 2x a week Other: 3x a week				
	Conservative sharp wound debridement (CSWD)	Dates (in the last month): Details of CSWD (e.g.,type of tissue removed):		Dates (in the last month): Details of CSWD (e.g.,type of tissue removed):			

1 School of Physiotherapy, University of South Australia. (n.d.). *Clinical Reasoning Reflection Form*. 1-15. Retrieved November 26th, 2020. https://cdn.ymaws.com/www.ipta.org/resource/resmgr/Treatment_of_Musculoskeletal/CRForm_-_long.pdf.

Section E. Wound Care Supplies Required (Please print clearly)				
	Wound #1		Wound #2	
Is a primary/packing dressing needed?	Yes	No	Yes	No
✓ Dressing name (model)				
✓ Manufacturer name (make), if known				
✓ Dressing size (cm x cm)				
✓ Quantity required per dressing change				
Is the dressing going to be cut to fit wound bed? <i>When possible, dressing should be cut as per best practice.</i>	Yes	No	Yes	No
	Into how many pieces	:	Into how many pieces	:
Is a cover/secondary dressing needed?	Yes	No	Yes	No
✓ Dressing name (model)				
✓ Manufacturer name (make), if known				
✓ Dressing size (cm x cm)				
✓ Quantity required per dressing change				
Is the dressing going to be cut to fit wound bed? <i>When possible, dressing should be cut as per best practice.</i>	Yes	No	Yes	No
	Into how many pieces	:	Into how many pieces	:
Is a sterile dressing tray required?	Yes	No	Yes	No
✓ Can a clean or no-touch technique be used to change the dressing?	Yes	No	Yes	No
✓ A medical rationale for use <u>must</u> be provided				
✓ Dressing tray name (model)				
✓ Manufacturer name (make), if known				
✓ Quantity required per dressing change		1		1
<i>Please provide any additional information to support the request (e.g., why a clean technique cannot be used).</i>				
IMPORTANT: Sterile dressing tray are only provided when a clean or no-touch technique CANNOT be used.				
Are disposable underpads needed?	Yes	No	Yes	No
✓ Quantity required				
<i>If more than 150 disposable underpad every 3 months is required, please provide additional justification to support need.</i>				
Any other supplies needed?	Yes	No	Yes	No
✓ Item name (model)				
✓ Manufacturer name (make), if known				
✓ Item size				
✓ Quantity required				
Are any other supplies needed?	Yes	No	Yes	No
✓ Item name (model)				
✓ Manufacturer name (make), if known				
✓ Item size				
✓ Quantity required				
Are any other supplies needed?	Yes	No	Yes	No
✓ Item name (model)				
✓ Manufacturer name (make), if known				
✓ Item size				
✓ Quantity required				
Additional information to support review <i>Please provide any additional information to support review and any justification for over frequency request.</i>				

Privacy statement: The personal information you provide to Indigenous Services Canada (ISC) is governed in accordance with the Privacy Act. We only collect the information needed to administer the NIHB Program. Collection of information for this purpose is authorized by statute. We require this information for the adjudication and payment of claims and for audit purposes. Your personal information may be disclosed without your consent, but only in accordance with subsection 8(2) of the Privacy Act. For information: This personal information collection is described in Info Source, available online at [infosource.gc.ca](https://www.infosource.gc.ca). In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correction of your personal information. For more information, please contact ISC's ATIP Coordinator. Contact information can be found at <https://www.tbs-sct.canada.ca/ap/atip-airrp/coord-eng.asp>. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.