STANDARDIZED PROCEDURE

WOUND NEGATIVE PRESSURE WOUND THERAPY APPLICATION (VAC)

These procedures are intended to describe procedures performed by Nurse Practitioners and/or Certified Nurse Midwives (depending on the clinical privileges granted to the individual practitioner) *at UC San Diego Health.*

Policy

a. Midlevel practitioner demonstrating the knowledge and skills may preform wound negative pressure wound therapy application
b. Setting – operating room, outpatient clinic, inpatient care areas
c. Supervision – attending physician

Protocol

Data Base

i. Indications for negative pressure wound therapy are applicable for patients who would benefit from sub atmospheric (negative) pressure therapy for promotion of wound healing.
ii. Apply for patients who would benefit from drainage and removal of infectious material or other fluids from wounds under continuous or intermittent negative pressure.
iii. Types of wounds indicated for negative pressure wound therapy are following:
    1. Chronic wounds including diabetic or pressure ulcers
    2. Acute or traumatic tissue injury
    3. Sub-acute wounds – non-healing surgical wounds
    4. Dehisced wounds
    5. Partial or deep partial thickness surgical wounds
    6. Flaps
    7. Grafts
iv. Negative pressure wound therapy; therapy contraindications in patients with the following;
    1. Grossly contaminated wounds
    2. Malignancy in the wound
    3. Untreated osteomyelitis wounds
    4. Non-enteric and unexplored fistula wounds
    5. Necrotic wounds with eschar present

Action

i. The negative pressure wound therapy dressing should be changed once every 3-7 days or less time in infected wounds as deemed necessary by the attending physician.
ii. Wash hands and apply personal protective equipment
iii. Gently remove the old negative pressure wound therapy dressing if applicable.

iv. Debride eschar or hardened slough tissue if present
v. Irrigate the wound with normal saline, sterile water or solution per physician
vi. Clean and dry peri-wound tissue and apply skin barrier (skin prep)
vii. Assess and measure depth, width, and length of wound cavity
viii. Cut and shape the foam dressing to fill wound cavity completely ensuring that if multiple pieces of foam are required, all edges are in direct contact with each other for even distribution of negative pressure. Ensure that foam dressing is within the edges of the wound cavity and not in contact with peri-wound tissue.
ix. Size and trim the drape to cover the foam dressing as well as an addition 3-5cm border of intact peri-wound tissue; save extra drape that may be needed later to patch difficult areas.
x. Cut a 2 cm hole in the drape and it is not necessary to cut into sponge
xi. Apply the pad of vacuum assist opening directly over the hole in the drape
xii. Attach dressing tubing to suction canister tubing
xiii. Remove the canister from sterile packaging and push it into the negative pressure wound therapy unit until it clicks into place
xiv. Verify clamps on dressing tubing and canister are open
xv. Turn on the power to the unit.
xvi. Adjust the negative pressure wound therapy unit setting per wound condition and therapy required
xvii. Press therapy on/off button to activate the negative pressure therapy
xviii. Observe wound site for collapse and seal of the dressing
    - If collapse and seal are not apparent assess for leak which may create a whistling sound
    - Often leaks are managed by gently pressing around the drape around the edges of the foam to better seal the drape
    - Use excess drape to patch over leaks.

Record Keeping: procedure will be documented in progress note or surgery op note.
Consultation: Physician consultation

- Referral to physician or specialty clinician: conditions for which the diagnosis and or treatment are beyond the scope of the midlevel practitioner's knowledge and or skill, or for those conditions that require consultation.

RESPONSIBILITY

Please contact the Advanced Practice Council if you need help. The administrative assistant for the Chief Nursing Officer can direct you. Call; 619-543-3438

HISTORY OF POLICY

Revised by the Committee of Interdisciplinary Practices: 2/26/2014, 9/28/2016
Reviewed by the Medical Staff Credentials Committee: 3/5/2014, 10/6/2016
Approved by the Medical Staff Executive Committee: 3/20/2014, 10/7/2016