

# Negative Pressure Wound Therapy Help sheet

## NPWT tips and tricks

**Before you start:** Warn pt it is a lengthy process (bathroom visit recommended) Pain relief. Make sure you have all you need. ALWAYS have with you: oil emulsion dressing, thin Duoderm and strip/paste seal, skin prep and an antifungal powder can also be a big plus. Examine how the dressing was done as you dismantle it.

**Removal:** Slide clamp close to pt cut tubing, instill NS, clamp (but it will still drain back so be prepared). Don't pull up on sticky drape pull it back on itself while supporting skin. Some adhesive remover pads work well, others make a goopy mess. With x2 layers of prep & drying before application, remover pads may not be needed. Foam removal is best started in an easily accessible area, roll it back on itself. If the edges are well stuck try sliding 2 moist q tips between the wound edge and the foam. Don't tug, pull with even pressure and keep the pull consistent try not to release the pressure fully. Introduce more NS.

**Pain:** Make it clear each dressing change is easier than the one before. Lidocaine gel or a 2% Lidocaine solution can be used but let it sit a while. It won't work if it all ends up in the foam. Talk to pt for distraction. If sticky drape is stretched when applied or put on under tension it will cause pain and sometimes blisters.

**Infection control:** Take care not to allow the foam to flick debris into you face (wear eye protection)

**Skin care & protection:** washing the periwound skin with water feels good. If yeasty treat with a 2% miconazole powder, brush off excess and crust over with skin prep. Always let the skin prep dry before applying adhesive drape.

**Foam:** should not go on intact skin, protect vulnerable skin edges with Duoderm and under the foam of bridges with sticky drape. To more easily shape Duoderm cut it 1.5cm thick on a curve and snip the outside edge.

Foam is meant to fit into the wound, optimally it should touch every surface and **should not** be stuffed in.

Avoid layering separate pieces of foam or placing small pieces, it is easy to miss a piece and leave it behind.

White foam is more dense, & can be cut thinner but may require increased pressure setting up to 175mmHg.

**Drape:** Avoid over-draping, each layer reduces the water vapor transmission rate from the skin through the drape and this increases the possibility of yeast. Less is best. It is a good idea to fold a tab so removal is easier

**Trac pad:** Place on a flat surface with an even, decent sized piece of foam underneath as if bent or highly curved the sensor function is affected and the unit will alarm. Cut the hole in the drape for the trac pad bigger than a nickel as when the suction starts up it will shrink down and may block off. Don't place trac pad on bony prominences or plantar surface of feet. Support tubing, don't press it onto the skin

**Leaks:** Listen switch pump off then on again, paint over with skin prep with the pump running, it may bubble and gurgle so you can patch the correct place. If seal looks good & leak is big, check hose joint and canister. There are washers on some units that can slip off with canister removal. Canisters or joints may crack.

**Customize the procedural details** and add how many pieces of foam in the wound (record on dressing too).

**Don't use on bleeding wound or directly over structures that can be damaged (intact tendons, bone & vessels).**

## Education of patient

**Therapy is 24/7** disconnection only for changing canister.

If threading complete unit through clothing is difficult, remove canister from suction unit by 1<sup>st</sup> clamping 2<sup>nd</sup> switch off unit 3<sup>rd</sup> detach canister and thread through 4<sup>th</sup> slot canister back in, switch on unit and unclamp. Check functioning.

**Blood** in tubing is normal. Fresh blood suddenly filling canister is not. 1<sup>st</sup> switch off, 2<sup>nd</sup> apply pressure over wound 3<sup>rd</sup> call VNA or go to nearest emergency room.

**Showering** is best immediately before dressing change then suction unit can be switched off and canister detached. Otherwise ensure unit unplugged and absolutely nowhere near water.

**Alarms.** Read screen follow prompts. If a unit issue call KCI. If a leak or dressing issue call VNA. If able to patch ensure skin dry first.

**No vacuum** to the dressing is problematic as it should not be left in for more than a couple of hours with no vacuum being applied. It necessitates removing the dressing and placing a moist gauze dressing temporarily.

## Ordering supplies

When only 5 canisters and foams remaining chart how many there are of each review with CM and order appropriately before only 3 left. Do not automatically order the same style.

Reg thickness Small M6275051/10 Med M6275052/10 Large M6275053/10 Trac pad& drape no foam

Small spiral

Med spiral

Small round

Med round

Thin oval fenestrated M8275081/10

Small White

Med white

Large white

Y connector

Call KCI give them the reference numbers and size/style. Get a confirmation # put it with the date and order details in your note and copy into the non clinical note with the date of the order and probable delivery date.

## Negative Pressure Wound Therapy Foam types

M6275053/10  
Black Large thick .  
26x15x3.2cm  
2 drapes 1 trac pad

M6275052/10  
Black Medium thick .  
18x12.5x3.2cm  
2 drapes 1 trac pad

M6275051/10  
Black Small thick .  
10x7.5x3.2cm  
1 drape 1 trac pad



M6275033/10  
White foam for tunnels  
1 piece 10x7.5x1cm.  
No drape or trac pad.  
Black foam goes over it

XL  
Small Spiral  
2 thins piral pieces  
1 drape and trac pad

XL  
Medium spiral  
2 thin spiral  
2 drapes and trac pad

M8275081/10  
**Black Medium Perforated**  
**1 thin piece 26x16x1.6cm**  
2 drape and 1 trac pad

Y Connector

Spare drape and trac pad