Management of Negative Pressure Wound Therapy Policy

Contents
Policy ................................................................................................................................. 1
Purpose .............................................................................................................................. 1
Scope/Audience ............................................................................................................... 2
Definitions ....................................................................................................................... 2
Associated documents ..................................................................................................... 2
Measurement/Evaluation ................................................................................................. 2

Policy
Negative Pressure Wound Therapy (NPWT) devices will be used as an adjunct to surgical treatment or as an alternative to surgery in a debilitated patient.

Certification of RN undertaking the initial application of NPWT and discontinuation of NPWT is a requirement of the CDHB.

Certified RN will be known as NPWT Approved Reviewers (RNAR).

The names of Approved Reviewers will be registered on the CDHB training and competency data base.

The authorisation for use of NPWT is matched to current best practice criteria and is the responsibility of the Senior Medical Officer (SMO), Nurse Consultant –Wound Care (NCWC) and Registered Nurse Approved Reviewers (RNAR).

The decision to discontinue (NPWT) is the responsibility of the SMO, NCWC and or the RNAR.

Discontinuance is based on agreed best practice and in partnership with the patient undergoing the NPWT.

The reason for discontinuance will be documented on the NPWT Placement and Review form (C240263).

Purpose
To facilitate the use of (NPWT) by CDHB and designated service providers to reduce infection and promote healing in wounds of various aetiologies.

To reduce hospital based length of stay and complexity of surgical options in patients with complex wounds.
To facilitate a best practice and a standardised approach to use of NPWT in the CDHB and designated service providers.

To ensure efficient and effective utilisation of NPWT.

To ensure a shared understanding of limitations of authority and scope of practice associated with the RNAR.

Scope/Audience

This policy applies to all CDHB medical and nursing staff and designated authorities undertaking the patient care and management of wounds utilising NPWT.

Definitions

NPWT involves applying continuous or intermittent topical negative pressure to a special dressing positioned in the wound cavity or over a flap or graft. It is designed to help remove exudate from the wound and stimulates the growth of healthy granulation tissue.

Certificated registered nurses (RNAR) are those who have met the reviewer criteria as outlined in the CDHB certification section 3.5 and have been entered onto the Competency and Training Database. This provides these nurses with the authority and ability to initiate and discontinue NPWT.

Associated documents

Management of Negative Pressure Wound Therapy Guideline
NPWT placement and management form (C240263)
ACC form 705
CCCC referral form
E data base for real time tracking of NPWT patients.
CDHB Competency and Training Database
NPWT pathway/ data collection
Flow Chart for NPWT patient discharge process

Measurement/Evaluation
Practice standards of approved reviewers will be evaluated through an annual service audit/ peer review/ incident reporting.

Proof of attendance of an advanced education practicum with an independent evaluation on an alternate year rotation is a requirement to remain on the NPWT certification register.

<table>
<thead>
<tr>
<th>Policy Owner</th>
<th>Nurse Co-ordinator Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Authoriser</td>
<td>Executive Director of Nursing and Chief Medical Officer</td>
</tr>
<tr>
<td>Date of Authorisation</td>
<td>26 March 2014</td>
</tr>
</tbody>
</table>