NHS FORTH VALLEY
Guidance for the Use of Negative Pressure Wound Therapy (NPWT)

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08/01/25	M McKay	**Updated email address for FV procurement** fv.fvcustomerservices@nhs.scot	2
29/01/25	M McKay	**Added PICO Pathway & Order References** **Added Disposable TNP** **Updated TNP Discharge Protocol**	2
15/07/25	H Macgowan	**Updated -Added patient information links**	2

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1. Introduction

Following a requirement from Healthcare Improvement Scotland for all Health Boards to develop local guidance on the use of Negative Pressure Wound Therapy (NPWT) this guideline has been produced to outline the requirements needed for all health care professionals (HCP) involved in the use of NPWT. A Health Care Professional (HCP) is the term used for a registered nurse or member of medical staff who is directly responsible for the patients' care.

NPWT is an advanced wound management technique to create sub atmospheric pressure in a wound. This is achieved by removal of air from a sealed wound using an electrically or battery powered suction pump designed specifically for this purpose.

NPWT can be delivered by three different methods, disposable NPWT dressings, Activac Therapy Unit and Veraflo Ulta Unit with irrigation. (see Appendix 1) to view the 3 Step NPWT Guidance.

2. Scope

This guidance has been produced to support all HCP within NHS Forth Valley (NHSFV) who are involved in the patient assessment, prescription, application and monitoring of NPWT.

It outlines the process to ensure the safe and clinically effective use of NPWT in the management of complex wounds and equipment, including ordering and cancellation procedures.

3. Indications

NPWT is a widely used treatment for patients with chronic, acute traumatic, sub-acute and dehisced wounds. It is the use of a controlled suction to promote healing and is helpful for promoting healing in circumstances where tissue perfusion is compromised, and also in cases where excessive exudate cannot be controlled by other means. NPWT is also known as Vacuum Assisted Closure (VAC) or Topical Negative Pressure (TNP) and involves applying a suction force across a sealed wound, using a reticulated foam interface or specified types of gauze. Both the suction effect and the mechanical forces generated at the interface with the wound lead to a variety of changes in the wound, positively influencing the healing process.

Negative pressure wound therapy (NPWT) should be considered for people with diabetes who requires treatment for either post-operative foot wounds or foot ulcers. (SHTG Advice Statement Jan 2019)

NPWT is available at 80MMGH and 125MMGH. Please see the NPWT three step Guidance (Appendix 1).

A full holistic assessment of the patient and the wound must be carried out by an HCP to establish suitability for use in line with specific supplier product guidance. All HCP must ensure that they have the necessary knowledge and competence (as per their professional code of conduct) relevant to their role in the provision of NPWT (see point 5.1 on page 9)

4 Contraindications And Precautions

There are several contraindications and precautions for use of NPWT which are

required to be considered for each individual case.

4.1. These are the following NPWT contraindications:
(HIS consensus statement Jan 2019)

The following NPWT contraindications (with reason and action) are based on the consensus of a group of clinical experts. Additional device-specific contraindications may be detailed in manufacturers' guidance, and NPWT users should be aware of this

Point	Contraindication	Reason	Action
1.	Necrotic tissue visible on wound bed	Will have no action on necrotic tissue	Not suitable for NPWT Referral to Tissue Viability
2.	Malignancy in wound*	May spread the malignancy	Not suitable for NPWT
3.	Untreated osteomyelitis	Simple, surface treatment unlikely to be successful. Refer to medical staff if signs and symptoms are present Fever, irritability, fatigue Nausea Tenderness, redness, and warmth in the area of the infection Swelling around the affected bone Lost range of motion	Not suitable for NPWT Refer to Medical Staff or GP for Diagnosis. Investigations such as MRI Scan and Antibiotic Therapy may be required before Vac therapy can be considered
4.	Non-enteric OR unexplored fistula	Could worsen any fistulas, and cause damage to hidden organs/structures	Not suitable for NPWT Refer to Tissue Viability if treatment plan required.
5.	Direct placement over exposed vital structures (for example, anastomotic sites, organs, blood vessels, tendons, ligaments and nerves)	Could damage these vital structures.	Protective layer can be placed over tendon or bone prior to application of NPWT. NPWT cannot be applied directly over anastomotic sites, organs, ligaments or nerves. Refer to Tissue Viability.
6.	Patients at high risk of bleeding (for example infected arteries, clotting disorders) or patients with active bleeding.	Blood loss	Not suitable for NPWT Refer to Tissue Viability.

Not recommended as an effective treatment when high percentage of devitalised tissue present on wound bed.
See supplier Guidance for NPWT

**NB Where there is potential for malignancy in wound bed (see appendix 2)

4.2 Patient risk factors/wound characteristics to consider before NPWT use:
Discuss with Consultant and Tissue Viability Nurse prior to use.

- High risk of bleeding and haemorrhage
- Receiving anticoagulants or platelet aggregation inhibitors therapy
- Patients with:
- Friable vessels and infected blood vessels
- Anastomotic sites
- Infected wounds
- Osteomyelitis
- Exposed organs, vessels, nerves, tendon and ligament
- Exposed bone and sharp edges in wound
- Spinal cord injury (stimulation of sympathetic nervous system)
- Enteric fistula or risk of fistula formation
- Patient size and weight
- Using NPWT near vagus nerve (bradycardia)
- Circumferential dressing application
- Patients requiring: - MRI, Hyperbaric chamber, Defibrillation
- Patients' ability to manage daily living activities with NPWT in place

Precautions should be taken for patients:

- With active bleeding present
- Difficult wound haemostasis
- Patients taking anti-coagulant medication

Monitor canisters for any sign of increased bleeding, if this occurs then discontinue treatment and discuss with consultant/TVN team.

4.3 When risk factors/precautions or other considerations are present:

It is the responsibility of the patient's consultant, where therapy is considered despite the presence of these factors to record in medical records. The company who provides Negative Pressure Wound Therapy to NHS Forth Valley should be contacted for advice prior to commencement of treatment in this situation. Contact details can be provided by Tissue Viability.

The following details should be recorded:

- The rationale for treatment and detail the contraindications / precautions and risks involved.
- Any actions to be taken to minimise risk.

Written consent should be considered prior to applying NPWT on malignant wounds. Consent forms – (see Appendix 2)

5 Roles and Responsibilities

5.1. In the Provision of NPWT
All HCP who are involved in the patient assessment, prescription, application and monitoring of NPWT must ensure that they have the necessary knowledge and competence, which includes:

- The assessment process for suitability for treatment
- The application procedure for NPWT
- The on-going observation of NPWT wound management

- The ability to determine end point in treatment or when to refer on for this decision to be made.
- Any education requirements will be provided by the NPWT supplier/TV Team as requested and / or identified by the initiating HCP.

5.2 When deciding to commence NPWT

It is the responsibility of the HCP to:

- Carry out a full holistic assessment of the patient and the wound, considering patient/carer opinions, choice, and quality of life.
- Contact TVS to discuss the appropriateness of this therapy **if required**
- Consult the manufacturer's clinical guidelines for the NPWT system currently in use in NHSFV.
- Refer to appropriate specialists if further consultation is required to assess suitability of treatment (e.g. podiatry/orthopedic/vascular).
- Identify and record any risk factors and/or precautions if present after discussion with tissue viability nurse and or consultant.
- Identify and record when a specific technique or NPWT system is required such as an open abdomen or exposed structures in wound as this will require collaboration with the NPWT company and tissue viability nurse if appropriate
- Ensure the outcome of all multi-disciplinary discussions, are accurately recorded in the patient's record.
- Discuss proposed treatment (NPWT) including any contraindications and/or precautions including any alternative treatment options with the patient before obtaining consent and recording accurately.
- For specific guidance on ordering of NPWT (refer to appendix 3)
- For the rational for commencement and use of NPWT (see Appendix 1 and 4)
- For order forms for NPWT (see appendix 5 and 6)

5.3 In the use and ongoing management of NPWT

All Healthcare Professionals who are involved in the provision of NPWT must ensure that they have the necessary knowledge and competence by undertaking device specific training.

When using NPWT, all health care professionals involved must ensure comprehensive recording of the following:

- The use of NPWT and wound assessment and treatment chart is comprehensively documented within the patient's records
- Contact Tissue Viability Service for advice as required as the patient's condition dictates.
- Active fresh bleeding is monitored and reported to the appropriate Consultant / Tissue Viability Service immediately. Stop use of therapy.

6 Cancellation of Systems in the Acute Sector

NPWT can be discontinued after consultation with responsible Consultant/Nurse or Tissue viability service and recorded in patients' notes.

When NPWT is discontinued, it is the responsibility of the HCP to:

- Contact central stores department/procurement immediately to arrange uplift. Ensure pump and charger are placed in the case
- Email fv.fvcustomerservices@nhs.scot
- Provide pump number and place of collection (See Appendix 3)

7 Discharge Plan of Patient with NPWT from Acute Care to Primary Care

It is the responsibility of the transferring service (acute) to contact the health care team receiving the patient to discuss discharge planning needs and ensure a safe and timely discharge. The optimum time to facilitate this is one week *prior* to discharge or transfers, for complex cases, consider a longer time frame.

Prior to discharge from hospital the following must be discussed with the patient/carer, and their understanding and ability must be assessed to ensure safe practice and minimise risk:

a) As assessment of the patients falls risk, moving and handling and ability to understand how to maintain safety should be undertaken.
b) Can they trouble shoot if the pump alarms or the dressing leaks.
c) Can they change the canister if required or arrangements in place for this to be undertaken by health care team.
d) In the event of pump failure lasting 2 hours, they are aware that the TNP dressing must be removed and replaced either with an alternative dressing and aware of the procedures in place to ensure this can be carried out.
e) They have one week supply of NPWT dressings /canisters and an alternative dressing suitable for the wound type (2 – 3 dressings depending on type being used.)
f) They have been given a contact number for access to the 24-hour helpline provided by the rental company.
g) If in a community setting - patient's suitability to ensure the continued appropriate use of the device and safe return to Health Care facility when no longer required
h) The Tissue Viability Service is notified of transfer by the Ward Staff.
i) (see appendix 7)

8 Transfer of Patient in Acute with NPWT In Situ to Another Acute Sector Area

It is the responsibility of the transferring team to contact the health care team receiving the patient to discuss transfer arrangements. This is to ensure a safe and timely transfer of care.

- Staff receiving the patient will have the opportunity to identify any training/education needs they may require to allow facilitation of learning.
- Provision of NPWT wound dressings/canisters for one week of treatment, allowing receiving unit time to obtain stock of products required.
- All wound care information including objectives of treatment and the information from initiating clinician's initial assessment.
- Information of the rental company's helpline number and their nurse advisor contact details.
- Arrangements in place regarding responsibility for review and decision on treatment.
- Information available regarding the procedure to be followed on cancellation of pump rental or for ongoing tracking of pump on patient's discharge. (See Appendix 10)
- Tissue viability service should be made aware of the patient transfer if involved with patients' care.

Rental company should be made aware of the transfer via Central Supplies.
Email fv.fvcustomerservices@nhs.scot

9 Transfer of a Patient with NPWT Out with FV Health Board

If a patient is transferred to a different Health Board location, the following procedure must be adhered to:

The department/ward must inform the central stores department/procurement of the date of transfer along with the location of the new healthcare provider.
Email fv.fvcustomerservices@nhs.scot

And

Contact TVS on 01324 673747 to advise of transfer of patient and equipment.

The following information must be provided:

1. Date company notified
2. Supplier name
3. Pump number – begins ATV……. Or ULT……
4. Patient CHI number and initials
5. Date of transfer
6. The location of the new health care provider

9.1 Discontinuation of NPWT in Primary Care

The following applies to discontinuation in an outpatient clinic, GP treatment, practice room clinic, or in a patient's own home. HCP should ensure:

When therapy is discontinued:
In all instances email central stores/procurement, with details of the patient initials, pump number, address, including post code, where the pump will be uplifted and contact number. Email contact: fv.fvcustomerservices@nhs.scot

- Pump and equipment will not be uplifted from patients' home and should therefore be taken back to the Health Centre for an uplift.
- Ensure the exact date of discontinuing system is provided to them to ensure that rental cost ceases from that time.
- The supplier will arrange a mutually agreeable time during office hours to uplift pump.
- All areas - delays in informing the supplier of cancellations will result in increased cost and waste of resources.

A. Monitoring

The Company who provides NPWT to NHS Forth Valley will provide a weekly report of units in use to the Tissue Viability Service. It is the responsibility of the health care professional responsible for the patients' care to ensure the units are cancelled appropriately.

B. Impact Assessment

The Impact of this guidance will be evidenced through compliance with first line product use, more controlled cost-effective monitoring of NPWT usage and any clinical issues reported through IR1 reporting.

10 Disposable NPWT

10.1. PICO 7/14 INDICATIONS

PICO 7/14 NPWT is indicated for patients who would benefit from a suctions device (NPWT) as it may promote wound healing via removal of low to moderate levels of exudate and infectious materials.

Appropriate wound types include – chronic, acute, traumatic, subacute and dehisced wounds, partial-thickness burns, ulcers (such as diabetic or pressure), flaps and grafts, and closed surgical incisions.

PICO 7/14 NPWT single use negative pressure systems are suitable for both use in a hospital and homecare setting.

10.2 PICO 7/14 CONTRAINDICATIONS

- Patients with malignancy in the wound bed or margins of the wound (except in palliative care to enhance quality of life).
- Previously confirmed and untreated osteomyelitis.
- Non-enteric and unexplored fistulas.
- Necrotic tissue with eschar present.
- Exposed arteries, veins, nerves or organs.

Exposed anastomotic sites PICO 7/14 NPWT should not be used for the purpose of:

- Emergency airway aspiration.
- Pleural, mediastinal or chest tube drainage.
- Surgical suction

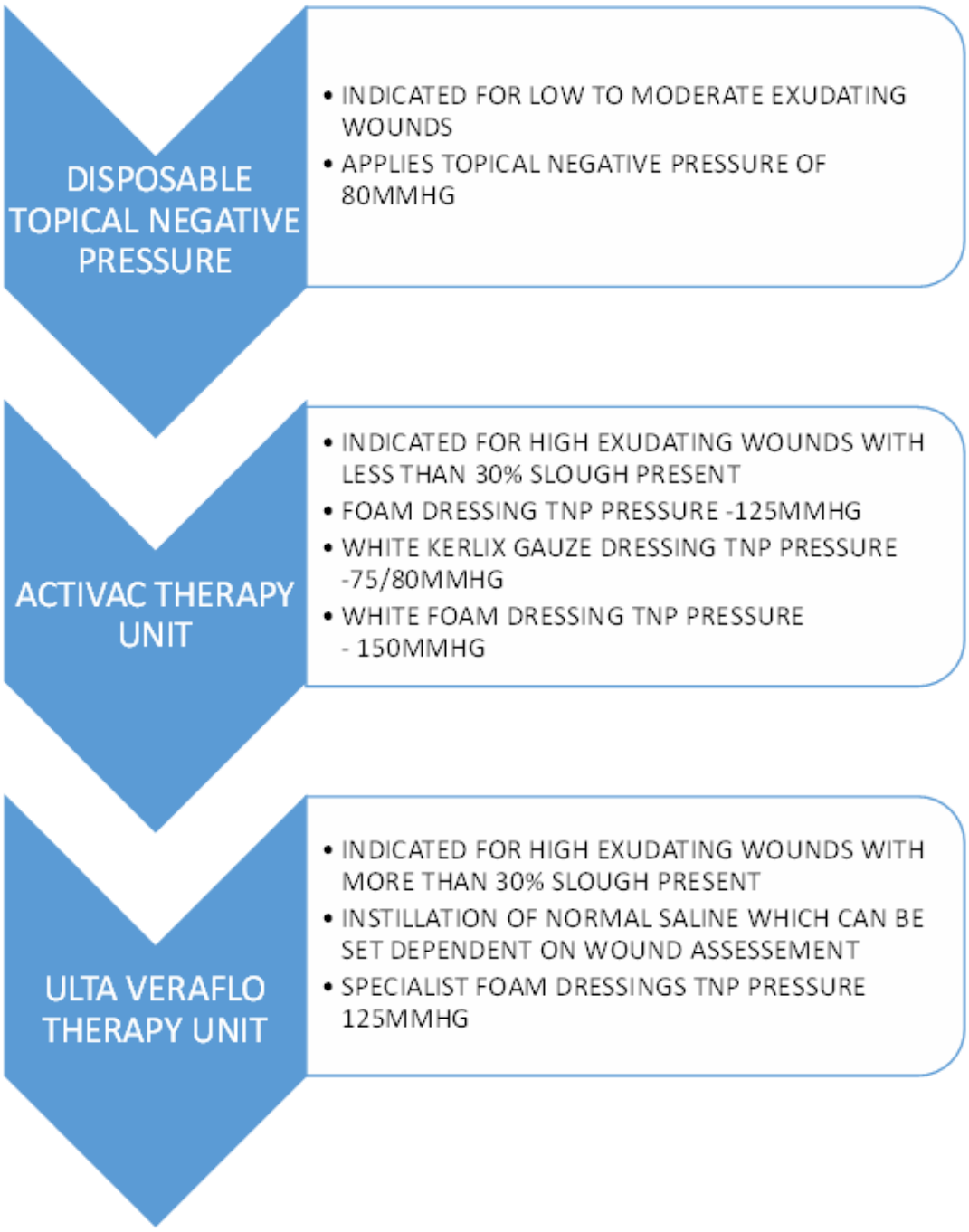
11 Prevenar TNP Therapy

3M™ Prevena™ Therapy is designed for the management of closed incisions, to help reduce the risk of post-operative complications, such as infection. It helps protect the incision site after surgery for up to 7 or 14 days, extending your control over postoperative healing and helping patients at risk of developing complications

APPENDIX 1

Negative Pressure Wound Therapy/Topical Negative Pressure

THREE STEP TOPICAL NEGATIVE PRESSURE (TNP) GUIDANCE



APPENDIX 2

Guidance for use of Topical Negative Pressure Wound Therapy (NPWT) In Malignancy based Wound Care

	Point for consideration	
	Action	**Rationale**
	Malignancy is a contra-indication for NPWT therapy The potential risk of use could cause a rapid production of malignant cell replication.	Due to the lack of research evidence. NPWT promoted an increase in cell replication
	If therapy is considered for patients who have undergone malignancy related surgery, the Consultant Surgeon is required to record in patient's notes that he/she is aware of the contraindication and wishes to proceed with the therapy. Pathology reports and resection margins should be considered. The consultant should discuss and explain this issue with the patient/and of their family/cover as deemed appropriate and gain written consent.	To ensure all practitioners are aware of the contra-indication and ensure continuation of therapy. To safe-guard practitioners' accountability. To allow patient to be involved in decision making process as deemed appropriate.

Developed from Acelity/KCI Medical Guidance

Patient CHI _____

Signature of Consultant _____

Date _____ Time_____

APPENDIX 3

Ordering and Cancellation Process For NPWT

APPENDIX 4

Assessment & Ordering Rationale

	Action	Rationale
1	Patients should be assessed for suitability of NPWT by Tissue Viability Nurse or suitably competent clinician: a verbal consent from patient obtained	Ensure effective and appropriate evidence-based care and full patient involvement
2	Wound photograph consent form should be signed by the patient and photograph taken prior to therapy commencing, periodically throughout treatment and on discontinuing therapy.	Document evidence of clinical effectiveness and provide evidence-based practice
3	Equipment should be ordered by completing the correct order form and forwarded to procurement. (Email delivery is best method to reduce delays) Correct dressing supplies (consumables) should be ordered along with equipment. See appendix 5	Ensures there is no delay in treatment, correct and adequate numbers of dressings available
4	Tissue Viability Nurse or NPWT advisor from company provider will educate/supervise ward or community staff in dressing technique if required. To ensure adequate numbers of competent nursing staff can perform dressing changes	Continuity and effectiveness of wound care
5	Commence care plan document and record wound & equipment	Documented evidence of care and highlights complications
6	Contact company helpline for any troubleshooting Ensure staff have free phone telephone number	To ensure therapy maintained
7	Equipment is rented and should be returned immediately to the company once therapy is discontinued. Ward or community staff are responsible for contacting procurement with the details currently	To avoid incurring unnecessary payment costs

APPENDIX 5

Activac Order Form (Acelity)

Deliver to: **Patient Initials:**
Address: **CHI:**
Postcode:

PRODUCT CODE	DESCRIPTION	QUANTITY REQUIRED
M8259998	Machine Rental Per Day – Info V.A.C. Therapy Unit 1 x 1ea	
340001	Machine Rental Per Day - ACTIVAC Therapy Unit	
M8275058/5	Cannister with Gel 300ml ActiV.A.C. (Box of 5)	
M8275058/10	Cannister with Gel 300ml ActiV.A.C. (Box of 10)	
M8275052/5	Dressing Medium Granufoam (Box of 5) Sensatrac	
M8275052/10	Dressing Medium Granufoam (Box of 10) Sensatrac	
M8275042/5	Dressing Bridge Granufoam (Box of 5) V.A.C.	
M8275042/10	Dressing Bridge Granufoam (Box of 10) V.A.C.	
M8275051/5	Dressing Small Granufoam (Box of 5) SENSATRAC	
M8275051/10	Dressing Small Granufoam (Box of 10) SENSATRAC	
M8275057/10	Pad (Box of 10 SENSATRAC	
M8275053/5	Dressing Large Granufoam (Box of 5) SENSATRAC	
M8275053/10	Dressing Large Granufoam (Box of 10) SENSATRAC	
M6275026/10	Gel (Box of 10) V.A.C.	
M6275033/10	Dressing only Small Whitefoam (Box of 10) V.A.C.	
M6275066/10	Connector T.R.A.C.Y. (Box of 10) V.A.C	
M6275009/10	VAC DRAPE 30.5cm x 26cm (box of 10)	
418313	NPWT Gauze Dressing with Sensatrac Technology (Box of 5) Only to be used if TVN stated	

Requested by: Date: Time:

COMPLETED FORMS TO BE EMAILED TO: fv.fvcustomerservices@nhs.scot

APPENDIX 6

Order Form

DELIVER TO: ADDRESS POSTCODE	PATIENT INITIALS:	CHI NUMBER:
PRODUCT CODE	**DESCRIPTION**	**QUANTITY REQUIRED**
ULTDEV01	V.A.C ULTRA THERAPY UNIT	
ULTVFL05SM	VERAFLO DRESSING SMALL	
ULTVFL05MD	VERAFLO DRESSING MEDIUM (PK5)	
ULTVCL05MD	VERAFLO CLEANSE DRESSING MED (PK5)	
ULTVFL05LG	VERAFLO DRESSING LARGE (PK5)	
ULTDUO0500	VERA T.R.A.C DUO TUBE SET (PK5)	
ULTVCC05MD	VERAFLO CLEANSE CHOICE DRESSING MED (PK 5)	
ULTVCC05LG	VERAFLO CLEANSE CHOICE DRESSING LRG (PK5)	
UTLNK0500	VERALINKCASSETTE 9PK5)	
M8275063/5	500ML V.A.C. CANNISTER WITH GEL	
M8275093/5	1000ML V.A.C.CANNISTER WITH GEL	
M6275026/10	GEL STRIPS (10 PER BOX)	
M6275009/10	VAC DRAPE 30.5cm x 26cm (box of 10)	
REQUESTED BY: DATE:		COMPLETED FORMS TO BE EMAILED TO: fv.fvcustomerservices@nhs.scot

KCI REPRESENTATIVES CONTACT DETAILS FOR TRAINING

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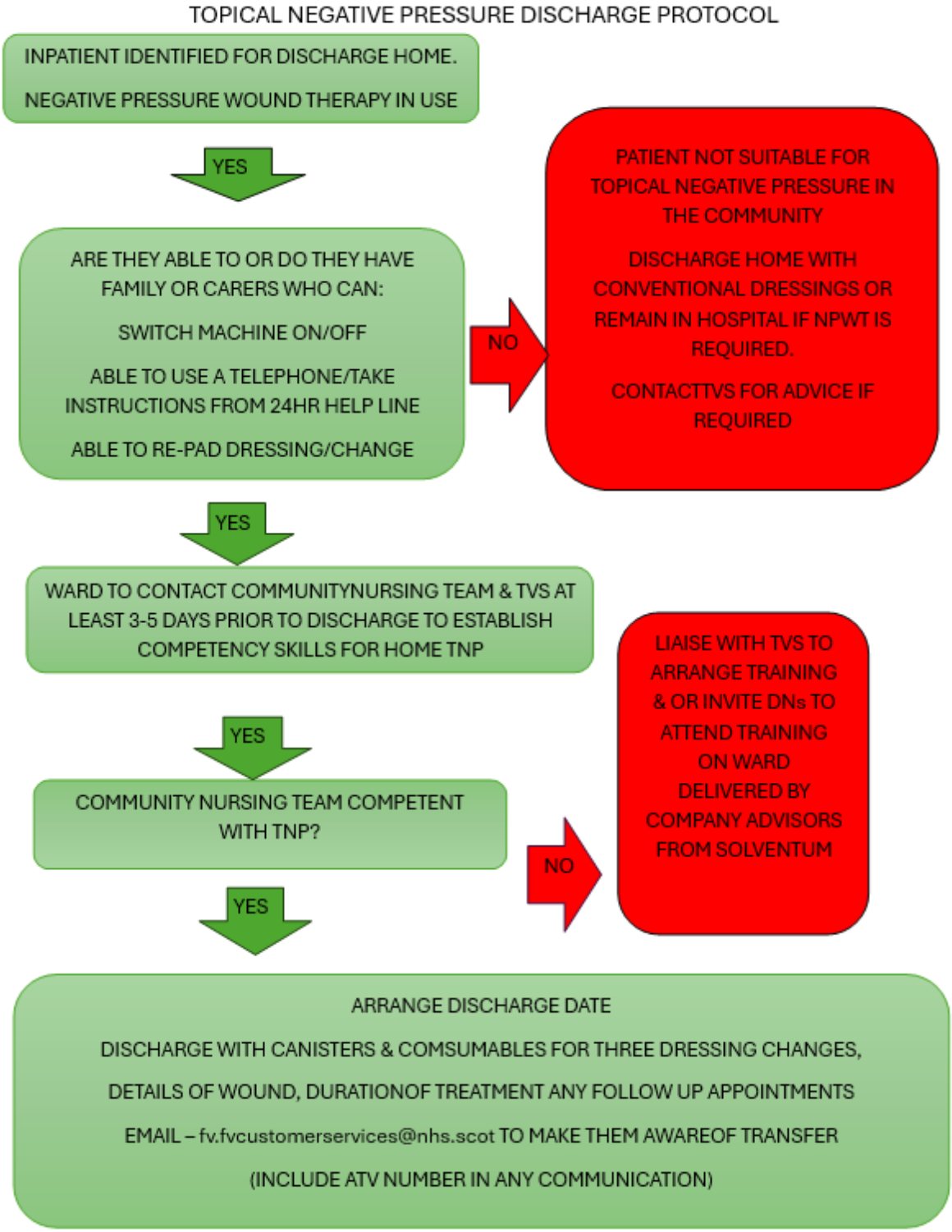
Office: +44 (0) 845 873 4153 | Mobile: +44 (0) 77 6809 1119
hguy@solventum.com

CUSTOMER SER VICE 24HR HELP LINE 0800 980 8880

APPENDIX 7

Negative Pressure Wound Therapy/Topical Negative Pressure Discharge Protocol



APPENDIX 8

NPWT Trouble Shooting Guide

System Alarm	Alarm Condition	Action/Resolution	User Tip
Canister Full Alarm	Unit has detected the canister is full and should be replaced despite minimal amounts of fluid in canister.	Change canister	Avoid placing Activac into carrying bag with canister pointing upwards. Unit should be worn or hung so that the touch screen is visible through the window. Avoid placing therapy unit upside down for prolonged periods of time.
Blockage Alarm	Unit has determined that a blockage is present.	Check tubing for closed clamps, kinks, crimps or blockages Inspect to ensure a 10p size (2.5cm) hole has been cut in the drape Ensure dressing and drape have not shifted and blocked SensaTRAC Pad	Ensure 10p sized (2.5cm) hole has been cut in the drape A smaller hole, an “x” or a slit may cause blockage, pressure fluctuations and other functionality issues Ensure SensaTRAC Pad is located in a flat area of the body, avoiding a skin fold Avoid the additional use and application of adhesive tape over the SensaTRAC Pad
Leakage Alarm	Unit has detected a significant negative pressure leak which has not been resolved. If this alarm is resolved in 3 minutes, therapy will stop.	Gently examine the dressing and the sound of air escaping. Once the leak has been identified, apply additional adhesive drape to secure the leak. Leak cap is supplied to check if the unit is faulty.	Keep all additional drapes left over from dressing application, this can be applied if the dressing dislodges or seal is broken. Leak cap test – disconnect the two parts of tubing, apply the leak cap to the canister tubing, if leakage alarm continues contact Solventum (KCI) Customer Services to report faulty Activac Unit on 0800 980 8880 option 1.
Battery Critical Alarm	Alarm indicating 30 minutes of battery power is remaining.	Immediately recharge battery. Ensure power cord is securely connected to therapy unit.	Charge Activac Therapy Unit twice daily. Address leak alarms as quickly as possible to avoid a drain on the unit’s battery.
Low Pressure Alarm – Therapy Interrupted	Unit indicates negative pressure at wound may be below set pressure	Check tubing for closed clamps, kinks or blockages. Check dressing has no leaks.	Lower therapy unit and tubing to or below wound level. Ensure a 10p (2.5cm) hole has been cut in the dressing where the SensaTRAC Pad is placed.

APPENDIX 9

Stopping Vac! Who to Contact for Deactivation & Arrangement for Uplifting

ARE YOU STOPPING VAC THERAPY?

WHEN THE TREATMENT IS COMPLETE

HERE IS WHAT TO DO NEXT

EMAIL: fv.fvcustomerservices@nhs.scot

PROVIDE PUMP NUMBER AND PLACE OF COLLECTION, PATIENT CHI NO. AND INITIALS.
***NB THE RENTAL COMPANY WILL NOT COLLECT FORM PATIENTS HOME IN THE COMMUNITY – HEALTH CENTRE ONLY**

PLACE THE PUMP INTO RED BAG PROVIDED THEN INTO BLACK CASE.
ENSURE CHARGER IS ALSO PLACED IN THE CASE PRIOR TO COLLECTION.

THE BLACK FABRIC SHOULDER BAG CAN BE DISPOSED OF.

CONTACT CAN BE MADE TO TISSUE VIABILITY SERVICE FOR ADVICE/SUPPORT ON 01324 673747 OR fv.tissueviability@nhs.scot

PICO Single Use Negative Pressure Wound Therapy

Smith+Nephew

PICO◊ Single Use Negative Pressure Wound Therapy (sNPWT) non-healing wounds clinical practice pathway

NHS Forth Valley

Initial wound assessment specific considerations

- **The wound has reduced by less than 20% in 2 weeks, or less than 40% in 4 weeks?**
- The wound has received **optimised treatment** before commencing sNPWT e.g. gold standard treatment
- The wound is suitable for sNPWT - **See the PICO sNPWT selection box below***
- The patient has **capacity** to allow for a PICO to be applied and remain in place.
- The patient is **concordant** with treatment and has had an **appropriate risk assessment** if any concerns around capacity.

Percentage wound calculator *scan here*

***PICO sNPWT dressing selection guide**

- The wound fits under one of the available PICO dressing sizes with room to achieve a seal.
- For a wound depth greater than 2cm use a NPWT gauze or foam wound filler.
- PICO sNPWT device can be used on wounds with low to moderate exudate levels (300mls)
- For a wound depth between 0.5 and 2cm, consider the use of a NPWT wound filler.

See overleaf for PICO indications and contraindications of use.

Weekly wound assessment to include:

- Use simple length and width measures for area and % healing calculation
- Change in exudate levels
- Change in granulation tissue %
- Change in pain levels

Apply PICO sNPWT

Weekly decision points - Decision point, apply, stop or discontinue PICO sNPWT according to clinical decision boxes below

Discontinue PICO sNPWT if any standard contraindications for negative pressure apply

Wound reduced in area[4]:
<5% at week 2 (compared to week 0 area)
<7.5% at week 3 or
<10% at week 4
With no significant improvement in granulation tissue quality/ quantity, static (0%) or increased in size (deteriorated)

Non-responder
STOP PICO sNPWT Therapy

Wound requires further investigation or onward referral to a specialist service

Wound reduced in area between 10%-40%[4]
Use clinical and economical judgement to determine whether PICO sNPWT treatment should be continued on a week-by-week basis

Wound reduced in area by >40%[4]

Good responder.
Stop PICO sNPWT thearpy
(But can reinitiate if wound healing rate stalls – at clinicians judgement)

Implement standard therapy when PICO sNPWT therapy is not in use

For any further advice, please contact the Tissue Viability Nurse Office: 01324 673747

PICO◊ 7 and 14 Single Use Negative Pressure Wound Therapy (sNPWT) **Order references**

PICO 7/ 14 sNPWT indications for use:

PICO 7/14 sNPWT is indicated for patients who would benefit from a suction device (NPWT) as it may promote wound healing via removal of low to moderate levels of exudate and infectious materials.

Appropriate wound types include: chronic, acute, traumatic, subacute and dehisced wounds, partial-thickness burns, ulcers (such as diabetic or pressure), flaps and grafts, and closed surgical incisions.

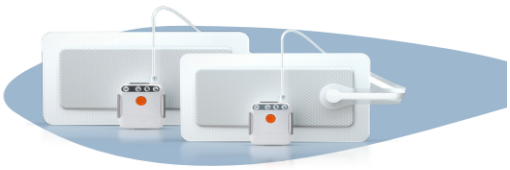
PICO 7/ 14 sNPWT single use negative pressure systems are suitable for use both in a hospital and homecare setting.

PICO 7/ 14 sNPWT is contraindicated for:

- Patients with malignancy in the wound bed or margins of the wound (except in palliative care to enhance quality of life).
- Previously confirmed and untreated osteomyelitis.
- Non-enteric and unexplored fistulas.
- Necrotic tissue with eschar present.
- Exposed arteries, veins, nerves or organs.
- Exposed anastomotic sites

PICO 7/ 14 sNPWT should not be used for the purpose of:

- Emergency airway aspiration.
- Pleural, mediastinal or chest tube drainage.
- Surgical suction.



PICO 14 System order references

Dressing image	Dressing size	PICO 14 device +2 dressing	NHSSC code	PIP code	Multipack with 5 dressings
	10cm x 20cm	66802042	ELZ1118	415 5214	66802022
	10cm x 30cm	66802043	ELZ1110	415 5222	66802023
	10cm x 40cm	66802044	ELZ1111	415 5230	66802024
	15cm x 15cm	66802045	ELZ1112	415 5248	66802025
	15cm x 20cm	66802046	ELZ1113	415 5255	66802026
	15cm x 30cm	66802047	ELZ1114	415 5263	66802027
	20cm x 20cm	66802048	ELZ1115	415 5271	66802028
	25cm x 25cm	66802049	ELZ1116	415 5289	66802029
	Mutisite small 15cm x 20cm	66802040	ELZ1117	415 5479	66802020
	Mutisite large 20cm x 25cm	66802041	ELZ1118	415 5487	66802021

PICO 7 System order references

Dressing size	2 x dressing kit†	NHSSC code	PIP code	Multipacks‡	NHSSC code	PIP code
10cm x 20cm	66802002	ELZ899	407 4514	66802022	ELZ909	407-6006
10cm x 30cm	66802003	ELZ900	407 4506	66802023	ELZ910	407-5743
10cm x 40cm	66802004	ELZ902	407 4522	66802024	ELZ912	407-5768
15cm x 15cm	66802005	ELZ901	407 4100	66802025	ELZ911	407-5792
15cm x 20cm	66802006	ELZ903	407 4530	66802026	ELZ913	407-5776
15cm x 30cm	66802007	ELZ904	407 4480	66802027	ELZ914	407-5826
20cm x 20cm	66802008	ELZ905	407 4498	66802028	ELZ915	407-5818
25cm x 25cm	66802009	ELZ906	407 5123	66802029	ELZ916	407-5800
Mutisite small 15cm x 20cm	66802000	ELZ907	407 5214	66802020	ELZ917	407-5222
Mutisite large 20cm x 25cm	66802001	ELZ908	407 5206	66802021	ELZ918	407-5230

*Multipacks = 5 dressings only. †2 x dressing kit = 2 dressings + 1 pump. ‡1 x dressing kit = 1 dressing + 1 pump.

Consumables order references

Product		Size	Code
	Foam wound dressing	10cm x 12.5cm	66801021
	5 Antimicrobial Gauze Rolls + 1 SECURA® NSBF Wipe	11.4cm x 3.7m	66802127

The facility recommendations contained in this pathway are the local clinical protocols, recommendations, and/or guidelines as set forth by NHS Forth Valley and its physicians regarding the use of PICO 7 sNPWT and ACTICOAT FLEX 3 in its facility and have not been verified by Smith+Nephew. Smith+Nephew accepts no responsibility for the content of this pathway and shall not be responsible for any reliance placed on the content. Smith+Nephew does not provide medical advice. It is the responsibility of clinicians to determine and utilize products and techniques appropriate for each of their individual patients.

For detailed product information, including indications for use, contraindications, precautions and warnings, please consult the product's applicable Instructions for Use (IFU) prior to use.

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References 1. International Wound Infection Institute (IWII) Wound infection in clinical practice. Wounds International. 2016. **2.** Ayello EA et al. Wound Int. 2017 1-24. **3.** Gago M, Garcia F, Gaztelu V, Verdu J, Lopez P, Nolasco A. A comparison of three silver silver-containing dressings in the treatment of infected chronic wounds. Wounds. 2008;20(10):273-278 **4.** Dowsett C, Hampton J, Myers D, Styche T. Use of PICOTM to improve clinical and economic outcomes in hard-to-heal wounds. Wounds Int. 2017;8(2)
For detailed product information, including indications for use, contraindications, precautions, and warnings. Please consult the product's Instructions for Use (IFU)

APPENDIX 12

3M Prevena Therapy Product Information

3M Science. Applied to Life.™

3M™ Prevena™ Therapy product information

Scan QR codes for instant access!

Alert and ordering guides

Alert guide

3M™ NPWT portfolio ordering codes

Prevena application guides

3M™ Prevena™ 125 Peel and Place application video

3M™ Prevena™ Bella-form™ application video

3M™ Prevena™ Bella-form™ application tips

3M™ Prevena™ Customisable application video

3M™ Prevena™ Arthro-form™ application video

3M™ Prevena™ Arthro-form™ application tips

Prevena patient discharge guides

3M™ Prevena™ patient discharge leaflet

3M™ Prevena Restor™ patient discharge brochure

1 Open your camera and point your device at the QR code

2 Wait for camera to recognise and scan QR code

3 Click banner or notification when it appears on your screen

4 Information associated with the QR code will automatically load

APPENDIX 13

Patient Information Links

3M V.A.C. Patient Guide - US (also used in the UK)

3M™ Prevena™ Therapy : Patient Information : 3M UK

Patient info | Possible with PICO

Pt IFU manual style.pdf

Alternative Formats

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