Negative Pressure Wound Therapy Pump

1 Patient/Prescriber Information

PATIENT FULL NAME: ______ DOB: ______

DX # 1: ______ DX # 2: ______ DX # 3: ______ DX # 4: ______ HT: ______ WT: ______

I prescribe the Venturi Wound Vac and up to 15 Therapy dressings per wound and up to 10 Canisters per month up to:

❒ 1 Month ❒ 2 Months ❒ 3 Months ❒ 4 Months ❒ Other ______

PHYSICIAN NAME: ______ NPI #: ______

Telephone: ______ Fax #: ______ LIC. #: ______

ADDRESS: ______

**PHYSICIAN SIGNATURE ______ DATE ______

By signing and dating, I attest that I am prescribing the Venturi Wound Vac Therapy System as medically necessary and all other applicable treatments have been tried or considered and ruled out. I have read and understand all safety information and other instructions for use included with the NPWT product as well as the Venturi Clinical Guidelines. I also understand the Ventury Wound Vac Therapy System contraindications: Patients with malignancy in the wound, untreated osteomyelitis, non-enteric and unexplored fixtulas, necrotic tissue with eschar present, sensitivity to silver.

2 Clinical Information by Wound Type

WOUND HISTORY

Doctor Initials: ______________

1. Was Negative Pressure Wound Therapy (NPWT) initiated in an inpatient facility?

❒ Yes ❒ No Date Initiated: ______

OR has the patient been on NPWT anytime during the last 60 days?

❒ Yes ❒ No Facility Name: ______

2. Is the patient's nutritional status compromised?

❒ Yes ❒ No

If **YES** check the action taken:

❒ Protein Supplements ❒ Enteral/NG Feeding ❒ TPN
❒ Vitamin Therapy ❒ Special Diet

3a. Indicate other therapies that have been previously tried and failed to maintain a moist wound environment.

❒ Saline/Gauze ❒ Hydrogel ❒ Alginate ❒ Hydrocolloid ❒ Absorptive

❒ None ❒ Other: ______

3b. If other therapies were considered and ruled out, what conditions prevented you from using other therapies prior to applying NPWT with Venturi in inpatient or home health?

❒ Presence of co-morbidities ❒ Prior history of delayed wound healing

❒ High risk of infection ❒ Need for acceleration granulation tissue

❒ Other: ______

4. Is the patient a diabetic? ❒ Yes ❒ No

Is the patient on a comprehensive diabetic management program? ❒ Yes ❒ No

PATIENT'S PRIMARY WOUND TYPE

TRAUMATIC: ❒ Orthopedic ❒ Soft Tissue/Open Wound ❒ Traumatic Amputation

SURGICAL: ❒ Surgical (non-dihesced) ❒ Dehisced (disrupted) ❒ Flap ❒ Pre-op
❒ Date of Surgery ❒ Graft ❒ Post-op
❒ Other: ______

PRESSURE ULCER: ❒ Stage III ❒ Stage IV

1. Is the patient being turned/positioned?

❒ Yes ❒ No

2. Has a Group 2 or 3 surface been used for ulcer located on the posterior trunk or pelvis?

❒ Yes ❒ No

3. Are moisture and/or incontinence being managed?

❒ Yes ❒ No

4. Is pressure ulcer greater than 30 days?

❒ Yes ❒ No

❒ DIABETIC ULCER:

Has a reduction of pressure on the foot ulcer been accomplished with appropriate modalities?

❒ Yes ❒ No

❒ NEUROPATHIC ULCER:

Has a reduction of pressure on the foot ulcer been accomplished with appropriate modalities?

❒ Yes ❒ No

❒ VENOUS STASIS ULCER/VENOUS INSUFFICIENCY:

Are compression bandages and/or garments being consistently applied?

❒ Yes ❒ No

❒ ARTERIAL ULCER/ARTERIAL INSUFFICIENCY:

Doctor Initials: ______________

Is pressure over the wound being relieved?
❒ Yes ❒ No

WOUND MEASUREMENTS

Wound #1 Type: ________________ Wound Age in Months: ________________

Is there less than 20% slough/fibrin in the wound? ❒ Yes ❒ No
Has debridement been attempted in the last 10 days? ❒ Yes ❒ No
If Yes, date: ____________________ Debridement type: ________________
Are serial debridements required? ❒ Yes ❒ No
Measurement date:________________ Wound Location: ________________
Length: ____________ cm Width: ____________ cm Depth: ____________ cm
Is this wound full thickness? ❒ Yes ❒ No
Is muscle, tendon or bone exposed? ❒ Yes ❒ No
Is there undermining? ❒ Yes ❒ No
Location # 1: ________________________ cm, from ____________________ to ____________________ o'clock
Location # 2: ________________________ cm, from ____________________ to ____________________ o'clock
Is there tunneling/sinus? ❒ Yes ❒ No
Location # 1: ________________________ cm @ ____________________ o'clock
Location # 2: ________________________ cm @ ____________________ o'clock
Appearance of wound bed and odor: ____________________________ Exudates (amount and color): ____________________

Wound #2 Type: ________________ Wound Age in Months: ________________

Is there less than 20% slough/fibrin in the wound? ❒ Yes ❒ No
Has debridement been attempted in the last 10 days? ❒ Yes ❒ No
If Yes, date: ____________________ Debridement type: ________________
Are serial debridements required? ❒ Yes ❒ No
Measurement date:________________ Wound Location: ________________
Length: ____________ cm Width: ____________ cm Depth: ____________ cm
Is this wound full thickness? ❒ Yes ❒ No
Is muscle, tendon or bone exposed? ❒ Yes ❒ No
Is there undermining? ❒ Yes ❒ No
Location # 1: ________________________ cm, from ____________________ to ____________________ o'clock
Location # 2: ________________________ cm, from ____________________ to ____________________ o'clock
Is there tunneling/sinus? ❒ Yes ❒ No
Location # 1: ________________________ cm @ ____________________ o'clock
Location # 2: ________________________ cm @ ____________________ o'clock
Appearance of wound bed and odor: ____________________________ Exudates (amount and color): ____________________

Braden Risk Assessment Scale					
Sensory Perception	**1 Completely Limited**	**2 Very Limited**	**3 Slightly Limited**	**4 No Impairment**	**Indicate Numbers Below**
Ability to respond meaningfully to pressure-related discomfort	Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation. OR Limited ability to feel pain over most of body surface.	Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness. OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 body.	Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities.	Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort.	
Moisture	**1 Constantly Moist**	**2 Very Moist**	**3 Occasionally Moist**	**4 Rarely Moist**	
Degree to which skin is exposed to moisture	Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	Skin is often, but not always, moist. Linen must be changed at least once a shift.	Skin is occasionally moist, requiring an extra linen change approximately once a day.	Skin is usually dry. Linen only requires changing at routine intervals.	

Doctor Initials: ______________

Activity	**1** **Bedbound**	**2** **Chair bound**	**3** **Walks Sometimes**	**4** **Walks Freely**	
Degree of physical activity	Confined to bed.	Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	Walks occasionally during day, but very short distances, with or without assistance. Spends majority of each shift in bed or chair.	Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	
Mobility	**1** **Immobile**	**2** **Very Limited**	**3** **Slightly Limited**	**4** **No Limit**	
Ability to change and control body position.	Does not make even slight changes in body or extremity position without assistance.	Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently.	Makes frequent though slight changes in body or extremity position independently.	Makes major and frequent changes in position without assistance.	
Nutrition	**1** **Very Poor**	**2** **Probably Inadequate**	**3** **Adequate**	**4** **Excellent**	
Usual Food Intake Pattern	Never eats a complete meal. OR receives less than optimum amount of liquid diet or tube feeding.	Rarely eats a complete meal and generally eats only about 1/2 of any food offered. OR receives less than optimum amount of liquid diet or tube feeding.	Eats over half of most meals. OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs.	Eats most of every meal.	
Friction and Shear	**1** **Problem**	**2** **Potential Problem**	**3** **No Apparent Problem**		
	Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible.	Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restrains or other devices.	Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.		
Patients with a total score of 16 or less are considered to be at risk of developing pressure ulcers.				Total Score:	

Nutritional Status

Adequate oral intake? ❒ Yes ❒ No (if no fill in form below)

Current Height: ________ in Weight: ________________ lbs

BMI: ____________ Calculated: (Weight in pounds/(height in inches)^2) x 703

Screening

Complete the screen by filling in the boxes with appropriate numbers. Add the numbers for the screen. If score is 11 or less, continue with the assessment to gain a ***Malnutrition Indicator Score.***

Has the food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?

0 = severe loss of appetite ____________
1 = moderate loss of appetite
2 = no loss of appetite

Weight loss during last month?

0 = weight loss greater than 7 pounds ____________
1 = does not know
2 = weight loss between 3 and 7 pounds
3 = no weight loss

Doctor Initials: ______________

Mobility?

0 = bed or chair bound ____________
1 = able to get out of bed/chair but does not go out
2 = goes out

Has suffered psychological stress or acute disease in the past 3 months?

0 = yes ____________
2 = no

Neuropsychological problems?

0 = severe dementia or depression ____________
1 = mild dementia
2 = no psychological problems

Body Mass Index (BMI)?

0 = BMI less than 19 ____________
1 = BMI 19 to less than 21
2 = BMI 21 to less than 23
3 = BMI 23 or greater

Screening Score (subtotal max. 14 points) ____________

12 points or greater	Normal - not at risk No need to complete assessment
11 points or below	Possible malnutrition - continue assessment

Mini Nutritional Assessment (MNA)

Lives independently (not in nursing home or hospital)?

0 = no 1 = yes ____________

Takes more than 3 prescription drugs per day?

0 = no 1 = yes ____________

Pressure sores or skin ulcers

0 = no 1 = yes ____________

How many full meals does the patient eat daily?

0 = 1 meal 1 = 2 meals 2 = 3 meals ____________

Select consumptions markers for protein intake:

At least one serving of dairy products (milk, etc) a day?	❐ Yes	❐ No	____________
Two or more serving of legumes/eggs per week?	❐ Yes	❐ No	
Meat, fish or poultry every day?	❐ Yes	❐ No	

0.0 = if 0 or 1 Yes 0.5 = if 2 Yes
1.0 = if 3 Yes

Consumes two or more servings of fruits or vegetables per day?

0 = no 1 = yes ____________

How much fluid (water, juice, etc) is consumed per day?

0.0 = less than 3 cups 0.5 = 3 to 5 cups ____________
1.0 = more than 5 cups

Mode of feeding?

0 = unable to eat without assistance/requires feeding pump ____________
1 = self-fed with some difficulty
2 = self-fed without any problems

Self view of nutritional status?

0 = view self as being malnourished / no cognitive function ____________

Doctor Initials: ______________

1 = is uncertain of nutritional state
2 = views self as having no nutritional problems

In comparisons with other people of the same age, how do they consider their health status? ____________

0.0 = not as good   0.5 = does not know
1.0 = as good   2.0 = better

Mid-Arm Circumference (MAC) in cm? ____________

0.0 = MAC less than 21
0.5 = MAC 21 to 22
1.0 = MAC 22 or greater

Calf Circumference (CC) in cm? ____________

0 = CC less than 31   1 = CC 31 or greater

Assessment (max 16 points) ____________

Screening Score: + ____________

Malnutrition Indicator Score ____________

Points Assessed	**Status**
24 To 30 Points	Normal Nutritional Status
17 To 23.5 Points	At Risk of Malnutrition
Less than 17 Points	Malnourished

Doctor Initials: _______________