

## Standard Operating Procedure

<b>Title of Standard Operation Procedure:</b>		Topical Negative Pressure (TNP)				
<b>Reference Number:</b>		ECT003031			<b>Version No: 3</b>	
<b>Issue Date: May 2018</b>		<b>Review Date: May 2020</b>				
<b>Purpose and Background</b>		The purpose of this document is to outline the procedure for the clinician to follow for the safe use of Topical Negative Pressure for the management of complex wounds. This is one of the treatments that are referenced in the Wound management policy.				
<b>Scope (i.e. organisational responsibility) Vital functions affected by this procedure:</b>		The organisation has a responsibility to ensure procedures are carried out in a safe and consistent way following best practice. A consistent training programme for all staff using TNP be used to ensure safe working practices are followed. Pathways for assessment will ensure consistency of assessment and evidence of documentation will provide a monitoring process for this. A patient pathway for discharge from MGDH to community will enhance patient flow and reduce hospital bed days. Exclusion – this SOP does not cover the use of TNP for the open abdomen (NICE IPG 467)				
<b>Monitoring Compliance</b>						
<b>Requirement to be monitored.</b>	<b>Process to be used for monitoring e.g. audit</b>	<b>Responsible individual/ committee for carrying out monitoring</b>	<b>Frequency of monitoring</b>	<b>Responsible individual/ committee for reviewing the results</b>	<b>Responsible individual/ committee for developing action plan</b>	<b>Responsible individual / committee for monitoring action plan</b>
Assessment of patient against standard policy	Assessment documentation	Tissue Viability and or matron	Annually	Tissue Viability and or matron	Tissue Viability and Surgical Matron	Tissue Viability and Surgical Matron
<b>Escalations (if you require any further clarification regarding this procedure please contact):</b>			Sally Walsh, Tissue Viability Lead Nurse			
	<b>Committees / Group</b>					<b>Date</b>
<b>Consultation:</b>	Surgical /Orthopaedic Matrons Tissue Viability Infection Control Team Risk and Governance Lead Nurses Theatres ICU Consultants					
<b>Approval Committee</b>	All service lines SQS					
<b>Received for information:</b>	SL 1 Consultants					

### **Definition**

Topical Negative Pressure (TNP)  
Author: Sally Walsh/Shelley Burrows, September 2018

## **Type 1**

Topical negative pressure (TNP) is a therapy, which applies topical negative pressure to the wound. (This is also sometimes referred to as VAC therapy). A foam or gauze based dressing is applied to the wound and sealed using a transparent adhesive drape. A negative pressure is then applied across the wound via a drainage tube secured in the drape. Wound exudate is collected in a canister at the end of the tube fitted into the pump (Canister is deposable, TNP PUMP is not deposable). The system used within East Cheshire NHS Trust is Smith and Nephew Renasys negative pressure wound therapy.

**Type 2** Single Use Negative Pressure Wound Therapy System (PICO) is a dressing form of negative pressure dressing with a battery operated pump for 7 days. (**Appendix 8**). This is a disposable piece of equipment

The aims of negative pressure are to;

1. Improve the blood flow
2. Draw the edges together to assist closure
3. Promote moist healing and fast granulation
4. Reduce bacterial colonization
5. Manage exudate
6. Increase vascular perfusion.

The application of TNP therapy is sometimes also suitable for a small number of patients where standard treatments fail. However, it must be confirmed that a logical and competent treatment pathway has been undertaken prior to any request for TNP. Further it must be confirmed that prior treatments failed for clinical reasons and not lack of treatment competency.

## **Indications for Use**

1. Treatment of both acute and chronic wounds.
2. To provide an occlusive protective covering to reduce bacterial contamination and the risk of wound infection.
3. To improve tissue perfusion, to remove wound drainage.
4. To promote moist wound healing.
5. To manage exudate levels when other dressing have failed.

## **Clinical Assessment for Use**

The use of TNP therapy is normally considered in cases where a patient has

- a) A large wound, too large for conventional dressings
- b) A reduced immune system where conventional dressings are not proving effective e.g. diabetics. Clinical Assessment will follow a set proforma and the assessment should be completed and placed in the patients notes (**Appendix 3**).

## **Suitable wounds include:**

<b>Cavity wounds</b>	
Pressure Ulceration	To improve healing rate of a chronic wound that is not responding to traditional treatment or preparing site for surgical intervention.
Traumatic Tissue Loss	To improve micro-vascular supply of deep acute wounds and prevent bacterial contamination whilst awaiting possible surgical intervention
Diabetic Wounds	To reduce the risk of osteomyelitis and improve healing rates
Dehiscd Surgical Wounds	To control exudate, improve healing rates and reduce the bacterial contamination
<b>Surface wounds</b>	
Trauma	To improve the micro-vascular supply to degloving injuries and so increase the healing rates or aid the 'take' of a subsequent skin graft.

Burns	To reduce burn oedema, control exudates and reduce bacterial contamination.
Skin Grafts	To aid the 'take' of skin grafts post operatively
Skin/muscle flaps	To aid the 'take' of the flaps post operatively
Leg ulcers	To debride and reduce bacterial infection and to improve healing rates

### **Contraindications**

1. Non-enteric or unexplored fistulae
2. Malignancy in the wound
3. Untreated osteomyelitis
4. Necrotic tissue and eschar
5. Do not use directly over exposed blood vessels or organs

### **Precautions**

1. An actively bleeding wound - (If bleeding noted especially in patients taking anti coagulants- TNP should be left off for at least 72 hours until coagulation before considering whether appropriate to recommence therapy)
2. Patients on anticoagulants
3. In presence of bone fragments or sharp edges
4. With respect to weakened, irradiated or sutured blood vessels or organs
5. With enteric fistulae

### **Application Renasys TNP therapy and PICO**

This is done following the protocol in **(Appendix 1)**.

#### **PICO (Appendix 2)**

A care plan for application will be placed in the patients nursing notes. Consent for treatment must be agreed by the patient and documented on the assessment form.

### **Reasons for discontinuation**

1. Wound not responding to treatment after 1-2 consecutive weeks of treatment, or wound deteriorates
2. Frank pus in dressing / canister
3. Excessive bleeding / haematoma under dressing
4. Patient not happy with treatment or self-discontinuation

*This list is not exhaustive and is the clinical decision of the professional.*

### **Community recall of pumps following discontinuation**

Contact Tissue Viability Service who will arrange collection from patient's home.

TVN Tel 01625 663375. Serial Number will be required when calling to arrange collection.

### **MDGH pumps following discontinuation**

To be cleaned as per Infection control guide lines and returned to ward 10.

### **Patient Monitoring**

Tissue Viability service will review the patient every 2 weeks whilst on TNP therapy.

A Competent Qualified Registered Nurse will undertake dressing's and review in-between these times Whilst the patient is in MGDH and Congleton War Memorial hospital the wound can be reassessed by the Consultant/Tissue Viability or any competent clinician (in TNP) depending on who initiated treatment. Timescales for reassessment to be decided by the initiating clinician.

This process of review continues until the therapy is no longer assessed as clinically appropriate and the therapy stops.

The wound will be reassessed using a standard wound assessment format at each dressing change.

Community patients will require digital photo of wound – (following policy).

Topical Negative Pressure (TNP)

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### **Competency of staff using the system**

TNP Therapy must only be applied by a Qualified Registered Nurse that has been assessed as competent with TNP therapy. Training can be provided by Smith and Nephew or Tissue Viability – Evidence of competence to be confirmed within each individual appraisal. The clinician must be, and feel, competent to apply and remove the therapy.

### **Appropriate application of therapy**

#### **Community Setting**

TNP Therapy is for patients in the community essentially to prevent hospital admission, or allow patients to be discharged from acute settings. Where TNP therapy has been previously applied and continues to be clinically appropriate.

**No patient** discharged from hospital or within the community will have TNP therapy provided unless they have been assessed as suitable by the Tissue Viability Team. The Tissue Viability Team must confirm that the patient falls within the treatment protocols and in addition that the community district nursing staff responsible for providing the treatment, are assessed as competent. If the nursing staff are not assessed as competent the tissue viability team must work with them to achieve competency in TNP before any therapy can commence. A patient who is requiring TNP on discharge must normally have had 2 dressing changes with TNP on the ward prior to discharge to ensure no immediate complications are evident. *The process flowchart for acceptance of patients in the community for TNP provided in (Appendix 6).*

#### **Hospital setting**

Patients commenced with TNP in Macclesfield District General Hospital (MGDH) must be assessed as falling within the treatment protocols. This assessment must be undertaken by a clinician who has the necessary competence and training to undertake this assessment. If TNP is requested but there is no fully competent clinician (within TNP) to undertake this assessment referral should be made to Tissue Viability to undertake this assessment.

**No patient** will have TNP therapy provided unless they have been assessed as suitable by a competent clinician having received appropriate training in TNP. An individual must not initiate TNP if they do not feel competent to do so. The assessing clinician must confirm that the patient falls within the treatment protocols and those clinicians subsequently undertaking dressing changes for TNP are assessed as competent. If the nursing staff are not assessed as competent the tissue viability team must work with them to achieve competency in TNP before any therapy can commence.

### **Access to machines**

#### **Community**

The use of these machines is managed by the Tissue Viability service in line with the criteria outlined within this specification. It is understood that each case accepted for TNP requires support from the Tissue Viability team, in addition to the required district nursing input. This limits the number of cases that can therefore be supported for TNP. This has been accepted to be 2 cases by the Tissue Viability team at any one time.

However, it is accepted that there may be EXCEPTIONAL CIRCUMSTANCES where an additional machine is required above the number previously agreed. If the Tissue Viability Lead Nurse, or her designated deputy, concludes that exceptional circumstances apply, and that there is a need for an additional rental machine. The TV team is confirming that it has the staffing resources to manage the additional case.

If for any reason a TNP Renasys machine is deemed as required for long term use, for management of the wound rather than to heal it, this is outside the scope of this SOP and an application for individual funding must be made to the CCG using the necessary forms. The Individual Funding Application process is a mechanism by which the operational and financial process is managed and resourced by the CCG's - and not by ECT.

## **MGDH**

TNP is provided using the Renasys TNP system or the PICO by Smith and Nephew. Two Renasys machines have been purchased by East Cheshire Trust, three pumps have been rented on a 2 year contract, for use in the hospital and one standby pump which the company are contacted each time it is put into use to initiate rental payment. These are located on ward 10 (orthopedic ward). If all TNP systems are in use the standby pump should be used (**Appendix 5**). PICO dressings are ordered via NHS supply chain.

## **Transfer of patients from MGDH to Community requiring TNP or PICO**

### **Renasys TNP**

Patients for discharge with Renasys TNP must have a Tissue Viability Service TNP Referral Form completed by ward staff prior to discharge to confirm the patient is safe to have TNP at home (**Appendix 7**). A patient who is requiring Renasys TNP on Discharge must normally have had 2 dressing changes with TNP on the ward prior to discharge to ensure no immediate complications are evident.

No patient discharged from hospital to the community will have TNP therapy provided unless they have been assessed as suitable by the Tissue Viability Team.

Patients to be discharged with 2 full dressing systems and 2 canisters otherwise there will be a delay in recommencing therapy.

Patients will be discharged on conventional dressings and if TNP has been assessed as being required by the Tissue Viability Nurse (TVN) will be applied within working 2 days of agreed discharge date (with ward and TVN). If there is no TNP system available the ward will be informed of this and an agreed plan of future care made.

### **PICO**

Patients with the PICO system in place can be discharged with PICO dressings "in situ" and must have spare dressings to allow the dressing to be changed in the community. 1 weeks supply is required for discharge.

## **Training**

The TVN is competent with setting up, monitoring and evaluation of TNP therapy. Competence has been obtained through guided observation and supervised practice by company representatives from Smith and Nephew.

All Registered nurses undertaking TNP dressings must ensure they are competent to do so.

Formal training will be offered periodically through the Trust by Smith and Nephew.

## **Infection Prevention and Control**

In order to reduce the risk of transmission this device must be cleaned appropriately after use.

### **On the ward/MDGH**

1. All single use elements must be disposed of in the appropriate waste stream.
2. Decontaminate hands using soap and water, if not available use Alcohol hand gel as an interim measure (as per Infection Prevention and Control Hand Hygiene Policy).
3. Put on gloves and aprons.
4. Clean the pumps with the appropriate disposable wipe as per the manufacturer's instructions ensuring any gross contamination is removed first.
5. Remove gloves and aprons and dispose in appropriate waste stream.
6. Decontaminate hands.
7. Green label to be applied to TNP pump confirm clean status and returned to the store room on ward 10.

- PICO – batteries are removed from small deposable pump, dressing and pump are disposed of in clinical waste. Batteries to be disposed of according to local legislation.

### **In the Community**

- All single use elements must be disposed of in the appropriate waste stream.
- Large sharp box to be ordered and all canisters to be placed within, until TNP therapy is discontinued sharp box sealed and take for deposal as clinical waste (**Appendix 9**).
- Place pump in clear plastic bag, seal and secure in silver box.
- Remove Gloves and Aprons and dispose in appropriate waste stream.
- Decontaminate hands.
- Arrange for collection and Smith and Nephew arrange decontamination via the Tissue Viability Service.
- PICO – batteries are to be removed from small deposable pump, dressing and pump are disposed of in clinical waste. . Batteries to be disposed of according to local legislation

**Appendix 1**

### **Treatment Protocol for TNP Therapy**

#### **Equipment**

- TNP Machine (state which model and which type of dressing)
- Foam dressing/gauze dressing and drape (dependant on size of wound) and level of exudate
- Hydrocolloid dressing ( to picture frame the wound)
- Urgotul or provided liner to cover foam if using black foam
- Information booklet
- Wound dressing pack
- Skin barrier
- Sterile scissors
- Care plan (foam or gauze) found on the infonet under Tissue Viability

#### **Procedure for Application TNP**

Patient and medical consent must be obtained prior to treatment and information given

<b>Action</b>	<b>Rationale</b>
1. Explain to patient what is going to happen	Information reduces anxiety
2. Wash hands, apply gloves and apron	To prevent cross infection
3. Remove current dressing	
4. If the surrounding skin is fragile, apply hydrocolloid to the intact skin surrounding the wound leaving the wound visible or alternatively apply skin barrier to surrounding skin.	This will help protect the surrounding skin from trauma
5. If gauze with drain – Line the wound with wet gauze dressing inserting drain wrapped with gauze. (See specific instructions for individual drains). If gauze with soft port – Line the wound with wet gauze (which is in the dressing packs with soft port). Cover with transparent film. Cut a small circular hole in the center of the film over the gauze, approx. 1cm in size. Remove any access trimmed film. Remove the backing from the port dressing; align the port over the hole in the film using gentle pressure to anchor.	Dressing not to be larger than the wound as this can cause excoriation to the skin  The film should extend 5cm beyond the wound margin to facilitate an adequate seal.
6. If foam - Cut the foam to the size of the wound so it sits just in the wound. The	This ensures granulation is pulled from all edges and no sinuses develop

<p>wound edges need to touch the sponge. Do not pack tightly. If using the black foam, cover all edges of the foam that touch the wound with Urgotul/ Atrauman/ or provided liner. Cover with transparent film. Cut a small circular hole in the center of the film over the gauze. The hole needs to be 1 cm in size. Remove any excess trimmed film. Remove the backing from the port dressing; align the port over the hole in the film using gentle pressure to anchor.</p>	<p>To prevent Granulation tissue being pulled through the black foam</p>
<p>7. Connect tubing with canister to tubing from port. Ensure both clamps are open.</p>	<p>This ensures a single system, with no leaks</p>
<p>8. Turn the machine on and the air is sucked out of the foam/gauze causing it to collapse. Set the suction at continuous and at recommended pressure settings (see manufacturer's instructions). The usual settings of pressure are - Gauze set at 80mmhg and black foam set at 120mmhg.</p>	<p>This activates treatment, and is considered the optimum treatment for therapy. Pressure can be altered in agreement with the Tissue Viability Nurse if optimum not tolerated.</p>
<p>9. The dressing should be changed at least twice a week, but this will depend on the amount of granulation tissue development and individual assessment.</p>	<p>This improves cost effectiveness and does not unduly disturb the wound.</p>
<p>10. The machine will alarm when the canister is full. Change the canister when it is full, or once a week. Record amount of drainage</p>	<p>Otherwise the machine will not run</p>
<p>11. All waste, canisters and dressings to be treated as clinical waste.</p>	<p>In accordance with Clinical Waste Policy. MDGH clinical waste. Community see Appendix 9</p>
<p>12. Ensure the patient is given the instruction booklet, explain how to trouble shoot, and given the 24hr help line number if the patient is at home.</p>	<p>Helps patient feel part of the care and reduces anxiety.</p>
<p>13. Keep the TNP machine as level with the wound as possible. Pump should remain upright to prevent clogging of the sensor.</p>	<p>This ensures pressure does not drop - as the further away from the wound the machine is, the more the pressure drops.</p>
<p>14. To follow TNP pathway for discontinuation of TNP</p>	

### Procedure for Application of PICO

Ensure correct size of dressing is ordered – PICO dressing come boxed with 2 dressings and deposable barrier operated pump.

Single patient use

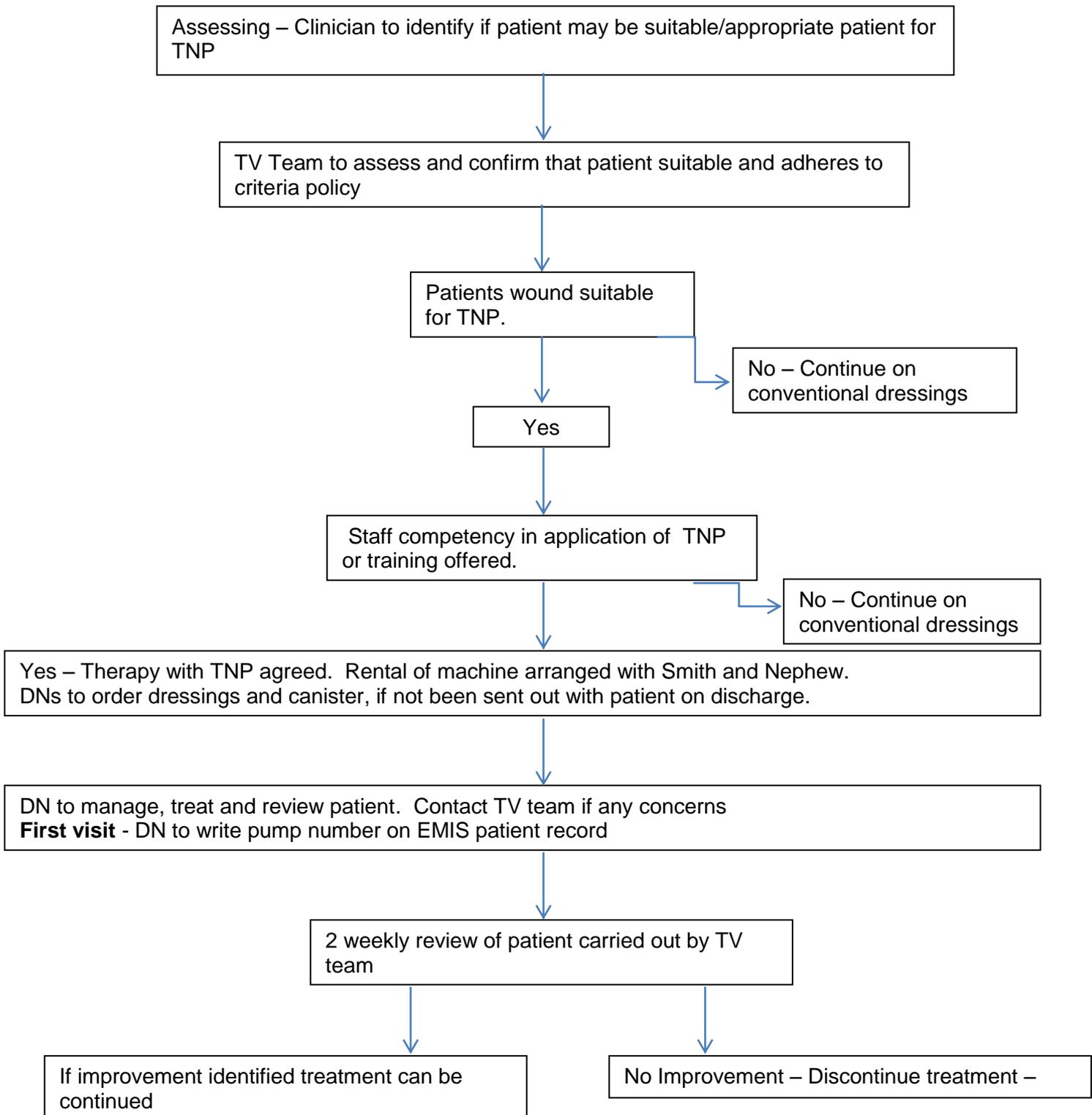
Action	Rationale
1. If requires remove any excess hair to ensure close approximation of the dressing to the wound. If necessary irrigate the wound with sterile saline and pat the wound dry.	If need removal of body hair is completed to ensure good seal and maintain negative pressure.
2. Using a clean technique, peel off the central release handle and place the dressing centrally over the wound fluid coming into contact with the port.	To ensure seal and dressing has direct contact with wound, ensure the port is the upper most from the wound, to prevent pooling and blocking of port on application.
3. Remove the other two handles and smooth the dressing around the wound to prevent creasing. Reposition if required to ensure border is not creased.	To ensure seal and maintain negative pressure.
4. Remove the device and the batteries from the tray. Insert the batteries, following this all three lights should flash once.	To start barrier operated PICO pump.
5. Join the device to the dressing by twisting together the tubing connectors	Twisting together -Luer lock system.
6. Press the orange button to start the application of the negative pressure. The green light will start to flash (indicating the system working OK). Depending on the size of the wound, the device should take up to 30 seconds to establish NPWT.	Check device is working- lights indicated working correctly.
7. Apply the fixation strips to each of the four sides of the dressing. Remove top carrier on the strip after each one has been applied.	To ensure good seal and secure dressing remains insitu.

### Changing of PICO dressing

Action	Rationale
1. The device has a 7 day life and the dressing may be left in place for up to 7 days depending on the levels of exudate.	Dependant on exudate levels, if dressing full (holds approx. 80 mls) second dressing will need to be used. (pack comes with 2 dressings)
2. If the dressing appears ready for changing within the 7 day life of the device, press the orange button and disconnect the dressing from the device.	To allow for removal and application for second dressing
3. The fixation strips should be stretched away from the skin and	To aid in removal without causing skin damage.

the dressing lifted at one corner and peeled back until it has been fully removed.	
4. Apply another dressing, connect to the device and press the orange button to reinitiate the therapy.	To continue with this method of dressing therapy.
5. The device will automatically stop functioning after 7 days of use. All the light will turn off at this point. The dressing should be removed as therapy is not being delivered and another system applied if appropriate.	All dressings will need to be removed and if therapy still needed to reapply new PICO system.
6. Batteries and pump should be disposed of according to local legislation. The dressing can be disposed of as clinical waste.	MDGH- yellow bag system. Community see appendix 9

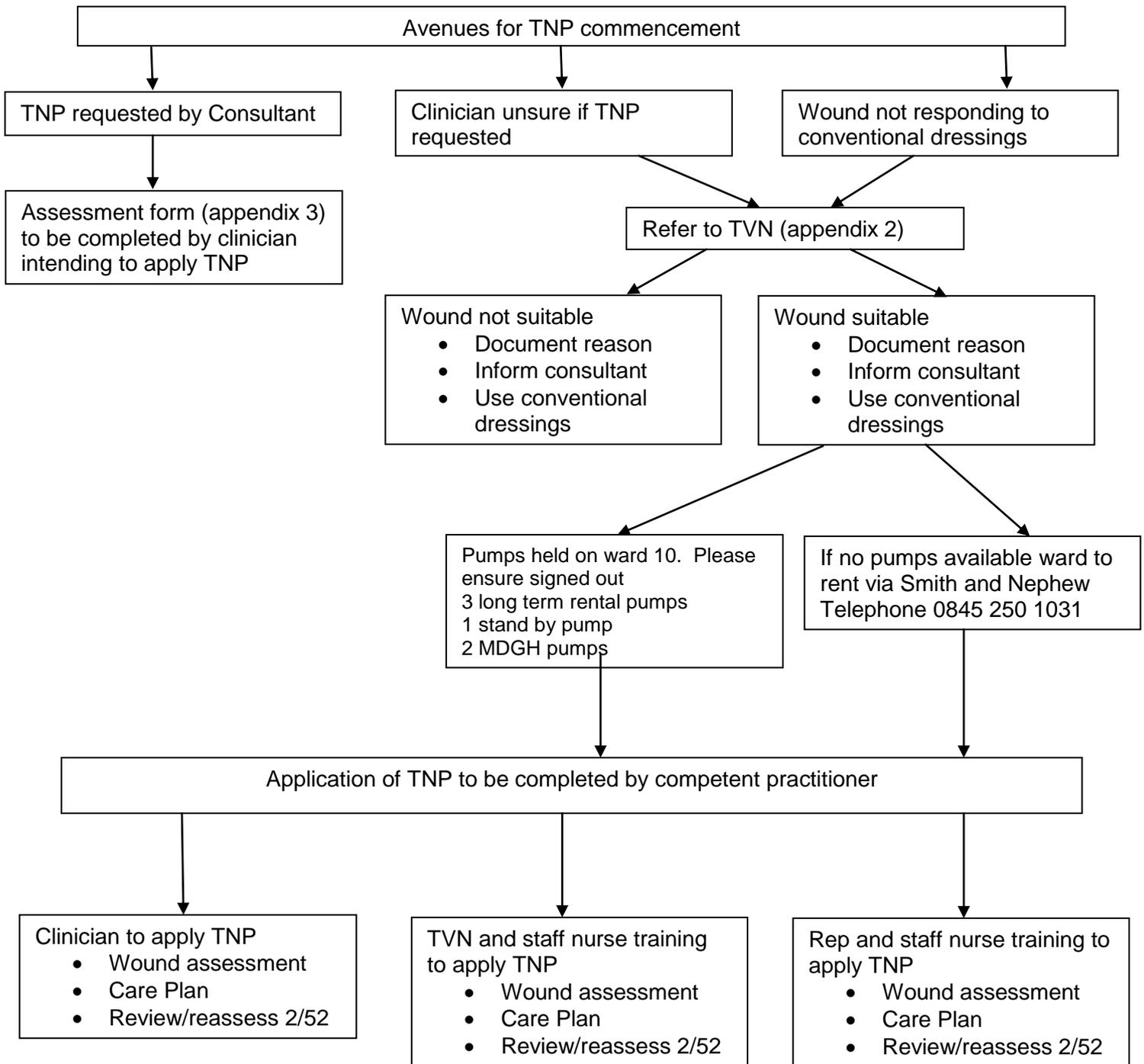
**TNP Process Flow Chart for Patients in the Community**



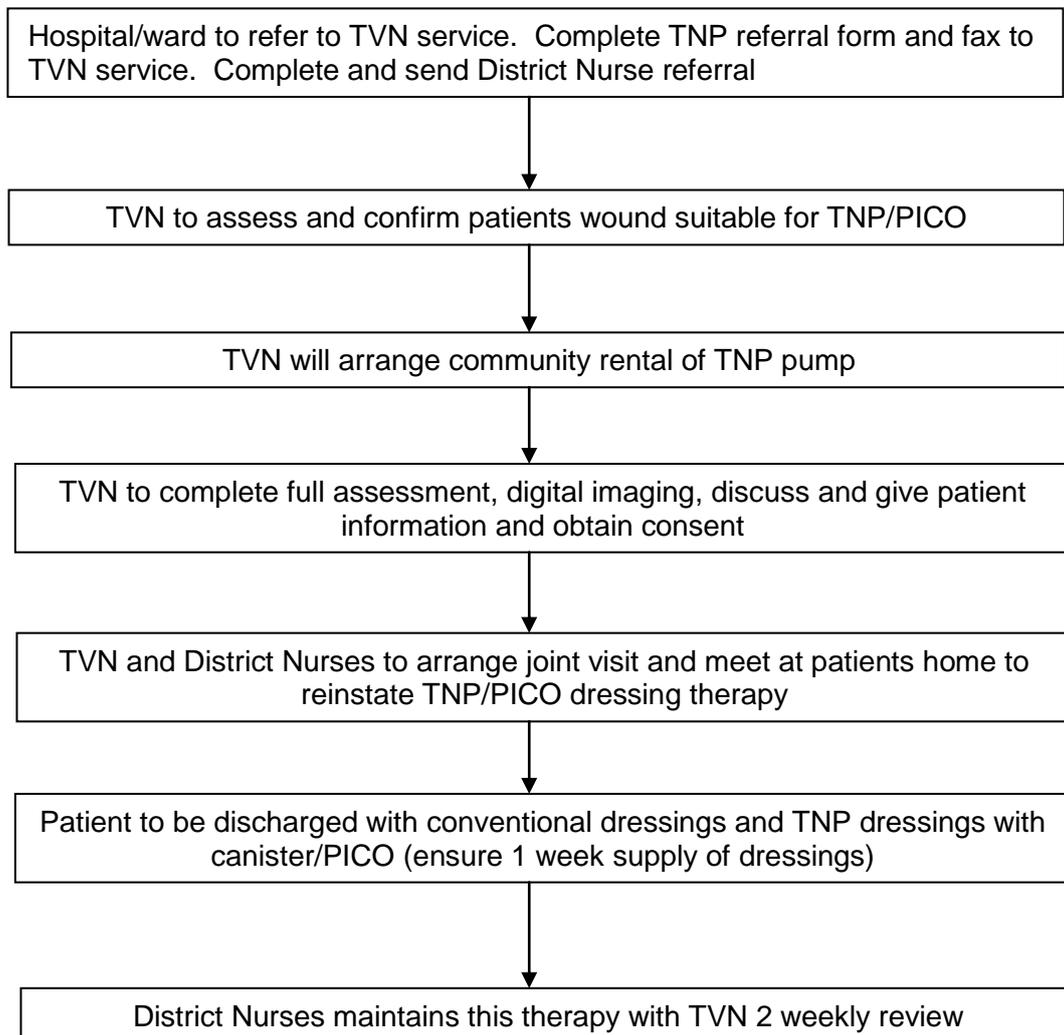
**Assessment form Hospital and Community for Commencement of TNP**

<b>Patient Name/Address/Sticker</b>	Date of assessment:		
	Name of assessor <i>(This should be a skilled clinician who is competent in the techniques relevant to this system)</i>		
	Signature of assessor:		
	Consultant:		
<b>NHS Number:</b>	Patient consents to treatment (following full explanation of potential complications) <b>Signature</b> .....		
	Yes <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>Please ensure that the patient does not have any of the following contraindications</b>			
A	Non-enteric or unexplored fistulae	Yes	No
B	Malignancy in the wound (check histology result if required)	Yes	No
C	Untreated Osteomyelitis	Yes	No
D	Necrotic tissue and eschar	Yes	No
E	Do not use directly over exposed blood vessels or organs	Yes	No
F	Less than a 2cm area of intact skin around the wound to enable a seal to be maintained	Yes	No
<i>If any of the above are answered Yes – Do not proceed with TNP. If unsure how to manage wound refer to Tissue Viability Service</i>			
<b>Precautions</b>			
A	Actively bleeding wound	Yes	No
B	Patients on anticoagulants or difficult haemostasis	Yes	No
C	In presence of bone fragments or sharp edges	Yes	No
<i>If any of the above are answered Yes and the decision is made to use TNP- monitor patient, Hb and INR closely. If bleeding noted especially in patients taking anticoagulants- TNP should be left off for at least 72 hours until coagulation before considering whether appropriate to recommence therapy</i>			
<b>Aim of treatment (please indicate all that apply)</b>			
<input type="checkbox"/>	Promote rapid growth of granulation tissue		
<input type="checkbox"/>	Manage exudate		
<input type="checkbox"/>	Draw edges of wound together to assist closure		
<input type="checkbox"/>	Prevent infection		
<input type="checkbox"/>	Other (please state)		
<b>Expected length of time using TNP?</b> <i>(It is not expected to use TNP as a long-term management option)</i>			
<b>It is expected that the patient and wound will be reassessed at each dressing change completing a wound assessment</b> If any of the above <b>contraindications</b> develop the TNP <b>must be stopped</b>			
<b>If any of the precautions develop</b> – assess/ask medical advice for ability to continue using TNP –. If <b>NO</b> progress within 2 weeks (not meeting its aims) <b>Stop TNP</b> . Refer to Tissue Viability Nurse if required			
<b>TNP commenced</b>	<b>Yes</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>Date started</b>

**Flow Chart for MDGH TNP Therapy**



**Flow Chart for Patient Transferring from MDGH to Community with TNP**



Community discontinuing of TNP – following review by TVN, patient dislikes therapy/is no longer suitable/wound deteriorates.  
Contact TVN on 01625 663375 with serial number of pump to arrange for collection.

## Tissue Viability Service - TNP Referral Form

Please complete TNP Referral form Part 1 and Part 2, fax to 01625 661226

This form will initiate an assessment by Tissue viability prior to the continuation of therapy. Community TNP Pumps are ordered and rented from Smith and Nephew for the duration of the patient need. The patient is to be transferred to East Cheshire Trust with conventional dressings.

## Part 1

<b>Name of Client / Patient</b>	
Mr / Mrs / Miss / Ms / Other	NHS number .....
Name .....	Date of Birth .....
Address.....	
Postcode .....	Tel.....
GP Name .....	Surgery .....
District Nurses .....	Tel No .....
<b>Source of Referral</b>	
Name .....	Designation .....
Location .....	Tel No .....
Community / Nursing Home / Hospital	Date .....
<b>Reason for using TNP</b>	
Exudate management / promote granulation / kick start chronic wound / Other – please state .....	
Please state expected outcomes of TNP .....	
Expected length of time on TNP .....	
Is there a Consultant maintaining involvement following discharge Yes / No	
If Yes please state name.....	
How often will they be reviewed by Consultant .....	
Expected discharge date.....	
<b>Location of Wound</b>	
Type of wound.....	
Size of wound -Length .....	Width .....
Depth.....	
Duration of present wound .....	
Any surgery performed state .....	Date.....
Date .....	
Medical diagnosis .....	
In case of intervention for cancer, what is the disease status.....	
Describe any metastases.....	
<b>Current Treatment</b>	
Please state current treatment (If on TNP, please state which).....	
Date started on TNP .....	
Dressing changes: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Size of dressing kit – Small / Medium / Large	
Method - Gauze / Foam	
Pressure of Therapy TNP set at.....	
Canister changed <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Size of canister - 300ml / 800ml	
Drain used.....	
Please state other accessories used with TNP therapy .....	
Any other factors known to delay healing .....	

NHS no ..... Patient Name.....

**Patient Assessment for TNP**

**Part 2**

Can the patient change own canister?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the patient walk with an mobility aid	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, please state .....				
Does the patient need to walk up the stairs at home	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, is the patient safe to do so with the TNP system	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has a home assessment been performed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, please attach a copy to this form				
Is the therapy requested outside normal usage (e.g with contrindications - malignancies)				
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes provide written information from the consultant as to why its being used and discussions had with the patient

**Communication**

Date of contact to District Nurses  
.....

*(District Nurses will be undertaking dressing changes on the community )*

**One canister and dressing kit must be provided on discharge or conventional dressings if another TNP system is used from a different area**

**Signature of Discharging Nurse .....** **Date .....**

**Signature of Patient .....** **Date .....**

**Copy to Tissue Viability Service Fax: 01625 661226**

**Copy to go with discharge patient**

**Copy to go in patient's notes**

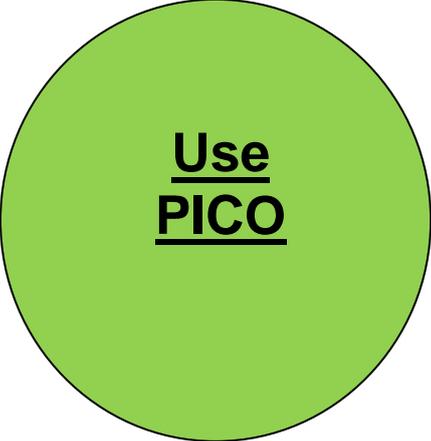
**For Office Use Only**

Received by Tissue Viability .....

Therapy agreed Yes  No  Date .....

Date TNP Commenced in community .....

TNP Serial No .....

Pico


Use  
PICO

## Considerations for use:

- When negative pressure is required but wound exudate not exceeding 300mls per week
- High risk incision line following surgery e.g. BMI >35, SSI risk, other comorbidities such as diabetes etc.
- Evidence of post operative oedema at incision site
- Optimisation of skin graft/flap as directed by plastic surgeon
- Wounds with a depth of less than 2cm
- Wounds greater than 0.5cm in depth are likely to require a foam or gauze NPWT filler
- On discharge when negative pressure is required
- On chronic wounds suitable for negative pressure



Do not use  
PICO

## 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
- Anastomotic sites
- Emergency airway aspiration
- Pleural, mediastinal or chest tube drainage
- Surgical suction
- When is exuding more than 300mls per week
- Wound depth more than 2cm

## **Topical Negative Pressure Waste Procedure for Community Safe disposal of canisters**

The procedure is:

- 1) Place the TNP suction container/canister, drain or port into a clinibin.
- 2) Ensure there is a sachet of absorptive granules at the bottom of the clinibin.
- 3) Several canisters can be placed in one clinibin. Do not fill the clinibin beyond the safety line.
- 4) Prior to the clinibin being removed from the patient's home, the lid must be fully locked, check the lids is fully pressed down all round.
- 5) Staff to transport locked clinibins back to base in their cars once full or TNP therapy completed.

FSL314 11.5 litre yellow lid  
FSL310 5 litre yellow lid  
FSL004 2.5 litre purple lid  
FSL311 2.5 litre yellow lid  
FSL315 1 litre yellow lid

Note once the lid on a clinibin is locked down, it cannot be reopened.

Granules – Powder 6g sachets  
Pack of 100  
NHS Catalogue No: HFLO18  
Also on FP10 PIP code: 322-9184

## Abbreviations

ECNT	East Cheshire NHS Trust
DN	District Nurse
MDGH	Macclesfield District General Hospital
TNP	Topical Negative Pressure
TV	Tissue Viability
TVN	Tissue Viability Nurse
PICO	Smith and Nephew single use negative pressure wound therapy system dressing

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Documentation and Record Keeping

Hand Washing Policy

Clinical Waste Policy

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