



# Negative Pressure Wound Therapy (NPWT) Safety/Monitoring Check Flow Sheet

PCIS Label

Type of NPWT Device: \_\_\_\_\_

The Safety/Monitor check is to be completed and documented at the beginning of the shift and every 2hr through out the shift.  
Use 'PN' to indicate issues noted; provide details of issue & action taken in the Progress Notes(PN)

NPWT SYSTEM	DATE	TIME											
Put a ✓ for each of the sections if no issues noted													
PI = Pressure Injury													
<b>Dressing:</b>													
Dressing intact													
Bridge intact, if applicable													
No fluid pooled under drape													
<b>Tubing:</b>													
Tubing connection secure													
Tubing clamps open													
No PI related to tubing noted													
<b>Device:</b>													
Device 'On'													
Pressure Setting as per order													
Therapy Setting as per order													
Sufficient power (if applicable)													
<b>Canister (when applicable):</b>													
<b>Exudate characteristics: S = Serous; S-S = Sero-Sanguinous; Sang = Sanguinous; P = Purulent. For other, then PN.</b>													
<b>Reason for canister change: F = ¾ or greater full; R = routine (every 7 days) Record exudate amount on the 24hr Intake/Output Sheet as per unit policy.</b>													
Canister exudate: S; S-S; Sang; P													
Canister changed: F or R													
<b>NURSE'S INITIALS</b>													

<b>INSTILL-DWELL THERAPY as per order (Acute Care Only)</b>													
Correctly connected													
Solution													
Volume													
Dwell/Soak Time													
Instill Frequency													
<b>NURSE'S INITIALS</b>													