#### Developed by the British Columbia Provincial Nursing Skin & Wound Committee in collaboration with NSWOCs/WCs from: Provincial Health Vancouver fraser**health** Services Authority CoastalHealth Providence island health northern health Interior Health Title NPWT Dressing Application - Prevena Plus Customizable: Procedure This Negative Pressure Wound Therapy (NPWT) dressing procedure is used with the 3M/KCl Prevena **Document** Plus Customizable dressing, 150mL canister and the disposable Prevena Plus 125 machine in **Indications** conjunction with the Negative Pressure Wound Therapy: Guideline. for Use Note: some procedure steps do not apply in the Operating Room setting. **British** In order to carry out NPWT, Registered Nurses (RNs), Registered Psychiatric Nurses (RPNs), and Licenced Practical Nurses (LPNs), in accordance with the British Columbia College of Nurses and Columbia Midwifes' scope of practice for their specific designation, must: Practice Have Health Authority (HA) and/or agency policy in place to support nurses in providing NPWT. Level Have a HA approved NPWT decision support guideline. Successfully complete the additional education for monitoring/managing the NPWT system. o Successfully complete additional education for NPWT dressing application. Have client specific NPWT orders from a Physician / Nurse Practitioner (NP) / Nurse Specialized in Wound Ostomy Continence (NSWOC) / Wound Clinician. LPNs must follow an established NPWT wound treatment plan when carrying out the procedure. Clients undergoing NPWT require an interprofessional approach to provide comprehensive, evidence-based assessment and treatment. **Background** Prevena Plus Customizable is a dressing used with the disposable 7-day therapy Prevena Plus 125 machine to support the management of closed incisions (stapled or sutured) for clients at risk of developing post-operative incisional dehiscence due to poor clinical status, elevated BMI, diabetes, and immune-suppression: o The first dressing is usually applied in the Operating Room (OR) by the surgical team and remains in place for a minimum of 2 days to a maximum of 7 days. o Dressing in a 90cm length and can be customized for long linear, non-linear or intersecting Dressing is a composite of purple foam with an ionic silver (0.019%) interface layer used to reduce microbial colonization in the dressing; the silver does not treat infection. The settings are pre-set with the Pressure Setting at 125 mmHg and the Therapy Setting at Continuous. The canister holds 150 mL of exudate; the dressing can be connected to either a VACUlta4 or an ActiVAC machine if the amount of exudate is expected to be large. Dressing may be used over sutures or staples but not large retention sutures. If surgical glue is the closure method, check the directions for application, as some glues should not be covered with a dressing. Steri-strips are not needed; the NPWT dressing will splint the incision line. When the machine has completed its 7-day therapy, the Prevena dressing is removed. As per orders, the incision line is either left open to air, covered with a dressing or if needed, another Prevena 7-day therapy is started. o For disposal, machine and the batteries should be recycled as electrical or electronic equipment. General Safety Considerations for all NPWT Medical Devices Defibrillation: when defibrillation is required near the NPWT dressing, remove the dressing or place the paddles in an alternate position; ensure NPWT machine is at least 2 meters away from the paddles. Electrodes or Conductive Gel: do not place EKG electrodes, other electrodes or conductive gels in contact with the NPWT dressing/machine. Magnetic Resonance Imaging (MRI) environment: The NPWT machine **cannot** go into the MRI environment. If a canister is present, disconnect it from the machine and ensure all tubing clamps are open to allow exudate to flow into the canister. If the NPWT dressing (interface and / or foam) does not contain silver, then the dressing may remain in place. If the MRI is to be done in near of the wound, consult Radiology Department regarding the need to remove the dressing. If the NPWT dressing uses a silver-based interface layer, or a Granufoam Silver foam or a Prevena dressing, consult with the MRI Radiology department, depending upon the MRI magnetic field environment the silver-based dressing may need to be removed.

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	Diagnostic Imaging: silver-based interfaces, Granufoam Silver foam or Prevena dressings may impair		
	visualization with certain imaging modalities; consult with the Radiology Department regarding the		
	need to remove the dressing.		
	Hyperbaric Oxygen Chamber (HBO): the NPWT dressing should be removed for the duration of the		
	HBO treatment period. Apply alternate dressing as ordered.		
	Cell phones or similar products could affect the NPWT machine; if interference suspected, move the		
	NPWT machine 2 meters (6.5 feet) away from such devices.		
	Do not connect NPWT dressings to wall suction.		
Bookmarks	Equipment and Supplies		
Doominanto	Procedure: Applying / Reapplying a NPWT Prevena Plus Customizable Dressing		
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	Client Health Education Resource (CHER): NPWT Prevena Plus 125 CHN Services		
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# **Equipment and Supplies**

### **Dressing Kit contains:**

- Prevena Plus 125 machine with 3 rechargeable AA batteries in place and a power cord.
- 90 cm purple foam Prevena Plus Customizable dressing with SensaT.R.A.C.pad / tubing.
- 150mL Prevena Plus 125 machine canister (replacement canister may be ordered separately).

### **Dressing Change Supplies**

- Personal protective equipment (i.e., safety glasses, gloves, gown, and mask as required)
- Dressing tray x 1
- Sterile normal saline at least 100 mL at room temperature
- Sterile scissors
- Sterile gloves 1 pair
- Clean gloves 1 pair
- Procedure pad(s)
- Skin film barrier wipe
- Marker
- Camera if required

#### **Additional Supplies**

- Additional supplies as detailed in the Pre-Printed Order (PPO) or in the written care plan.
- Adhesive remover
- Hydrocolloid or extra transparent film drape

Procedure: Applying / Reapplying a NPWT Prevena Plus Customizable Dressing				
Click here for the Procedure: Removing a Prevena Plus Customizable Dressing				
Steps	Key Points			
<ol> <li>Review the Orders:         <ul> <li>Read the NPWT order and overall care plan.</li> <li>Review allergies/sensitivities for ionic silver or acrylic adhesives/products.</li> </ul> </li> <li>Prepare the client (if outside of the OR setting)         <ul> <li>Assess client's pain and anxiety. Provide appropriate medication, as required, and allow medication to take effect.</li> <li>Position the client for the procedure.</li> </ul> </li> </ol>	The transparent drape has an acrylic adhesive coating, and the dressing has an ionic silver interface, which may cause an adverse reaction in clients who are allergic or hypersensitive to these.  The client undergoing NPWT may experience pain and anxiety. Utilize pain management strategies; medication, education, reassurance and positioning for comfort.			
<ul> <li>3. Set-up for the procedure:</li> <li>Gather the supplies.</li> <li>Perform hand hygiene; put on clean gloves.</li> <li>Set up the sterile dressing tray; designate one side of the sterile field for cutting the dressing. Add any additional supplies.</li> <li>Ensure a marker is available and place outside the sterile field.</li> <li>Take down/remove the current dressing.</li> </ul>	Perform hand hygiene to avoid contamination.  Add all sterile supplies to sterile field. If using ostomy rings, please note these are not sterile and should added to the perimeter or edge of the sterile field.			
<ul> <li>4. Clip periwound/surrounding skin hair, if needed:</li> <li>Use scissors or clippers to clip the hair where the dressing is to be applied. Clip as close to the skin surface as possible.</li> <li>Avoid shaving whenever possible.</li> </ul>	Hair can make it difficult to achieve an airtight seal and may cause pain during drape removal.  Shaving is not recommended as this can cause skin irritation and may lead to folliculitis but, if needed, then shave in the direction of the hair follicles.			
<ul> <li>5. Assess and cleanse the incision:</li> <li>Cleanse the incision and peri-incisional skin with Normal Saline or as per the surgeon's order.</li> <li>Complete an incision assessment. If there are any concerns, e.g., the incision has deteriorated then notify the surgeon.</li> </ul>	Cleansing the incision and peri-incision ensures all loose hair is removed from the incision.  Cleansing the incision aids in removal of dry exudate.			
<ul> <li>6. Prepare the peri-incisional and surrounding skin:         <ul> <li>Use sterile forceps to apply skin barrier wipe to the peri-incisional and surrounding skin, let dry.</li> </ul> </li> <li>The step may be done now, wearing clean gloves, or later, once the transition to sterile gloves is complete.</li> </ul>	Skin barrier film protects the skin from adhesives, helps to maintain an airtight seal and may extend the wear time of the dressing.  If the client condition or the nature of the incision requires sterile technique for all aspects of the dressing then prepare the peri-incisional skin once sterile gloves are donned.			
<ul> <li>7. Transition to sterile technique:</li> <li>Remove clean gloves; perform hand hygiene.</li> <li>Open the NPWT Customizable dressing kit and place the contents on the sterile field.</li> <li>Take photos for documentation, if required.</li> <li>Perform hand hygiene; done sterile gloves for the remainder of the procedure.</li> </ul>	Instruments used to clean the incision are no longer sterile and therefore not used for the rest of the procedure.			

Steps	Key Points
8. Prepare the peri-incisional skin and surrounding skin if not already prepared in Step 6.	
<ul> <li>9. Prepare the dressing:</li> <li>Measure the incision lines(s) and add an additional 2 cm to each end.</li> <li>Cut the foam dressing to match the measurements.</li> <li>If needed, cut dressing into smaller manageable pieces to help with application.</li> <li>Lay out the pieces on the sterile field and ensure they fit together.</li> <li>Remove the Release Liner #1 from the back of the foam dressing.</li> </ul>	Cut the foam dressing.  Remove the Release Liner #1.
<ul> <li>10. Apply the hydrocolloid sealing strips:</li> <li>Remove one of the liners from the hydrocolloid sealing strip.</li> <li>If there is one foam piece, add the sealing strips to all four edges of the foam, ensuring that ½ of the sealing strip is in contact with the foam and the other ½ of the sealing strip is left open to attach to the peri-incisional skin.</li> <li>If there are two or more foam pieces: <ul> <li>Add the sealing strips to all four edges for one of the piece(s).</li> <li>For the next piece, add the strips to the long edges and to the short edge that will be attach to the peri-incisional skin.</li> <li>The foam edges that will be in contact with each other, will 'share" a strip.</li> <li>Prepare all the foam pieces needed to cover the entire incision line(s).</li> </ul> </li> </ul>	The sealing strips are tacky on both sides, so leaving a paper liner in place aids in placement of the strip to the end of the foam dressing.
<ul> <li>11. Apply the dressing:</li> <li>Place the prepared foam pieces over the incision line(s); ensure the adhesive seal and white fabric of the dressing are facing down.</li> <li>Press into place; peel off the foam dressing's Release Liner #2.</li> <li>Repeat these steps until the foam dressing strips cover all incision line(s).</li> </ul>	If the dressing covers the umbilicus, the umbilicus first must be filled with ostomy paste.  If ostomy present, do the Prevena dressing first and then the ostomy pouching system.
12. Apply the transparent film drape:  Cut the transparent film drape into wide strips with each strip having at least a 3 cm overlap on both sides of the incision.  Remove the center section of drape's Layer #1 and place the adhesive side of the drape over the foam dressing piece(s).	Cutting the transparent film drape into wide strips provides for an easier application of the drape.  Ensure the dressing and transparent drape edges do not cover body orifices, stoma, or drain openings.  Circumferential Dressing Risk: Avoid applying the drape in a complete ring around a foot or limb.

#### **Steps Key Points** Remove an end section of the drape's Stretching the transparent film drape when applying Layer#1 and smooth drape into place. Do not can lead to blistering over the peri-incisional area. stretch the drape. Repeat for the remaining end section. Smooth out any wrinkles and press the drape into place. Carefully remove the drape's blue striped Layer #2; then remove blue handling bars. Repeat these steps until the drape covers all Adding an additional small border of drape may the foam dressing pieces ensuring an overlap extend the dressing wear time. of the drape sections. 13. Apply the SensaTRAC Pad: The positioning of the SensaTRAC pad / tubing most In the centre of the foam dressing, cut a 2.5 often done in the centre of the dressing, but can be cm hole in the drape according to the paper placed elsewhere to avoid the umbilicus, skin folds ruler template. and boney prominences. Positioning should allow for Remove SensaTRAC pad backing strips #1 client comfort and ease of performing ADLs. and #2. Place SensaTRAC pad directly over the cut opening in the drape. Gently press and smooth out pad to ensure an airtight seal. Pull back on the blue tab to remove the clear stabilization layer. Securing the tubing to the dressing minimizes Secure the pad tubing to the dressing with traction on the tubing or surrounding skin. strip of transparent drape. 14. Prepare the canister: For wounds with large exudate, the dressing may be connected to VACUlta4 or ActiVAC machine (see Hold canister and machine, one in each Procedure: NPWT Reusable Dressing Application hand. Slide the bottom of canister into slot on VACUlta4 or ActiVAC). the bottom of the machine. Close the canister into the machine: upper Note for the VACUlta4 or ActiVAC: Pressure Setting locking tab will click when canister is secure. must be 125mmHg and Therapy Setting must be Connect SensaTRAC pad tubing to the 'Continuous'. connector tubing. Connect connector tubing to the canister's tubing ports found on the side of the canister. • Ensure the tubing clamp is open. Blockage Alert Leak Alert 15. Start the therapy: Power Connected Hold ON/OFF button for 3 seconds to start Alert Mute Prevena Plus 125 the therapy. When the audible beep is heard, Button Battery Level Therapy machine is and all seven **green** Therapy Life Indicators pre-set to a Pressure light up, the machine is ON. Setting of 125 mmHg Plug the machine into power supply to and a Therapy Setting of Continuous. ensure battery is fully charged. On / Off Button 16. Assess for an airtight seal: When the seal is airtight, the dressing will be If the dressing does not collapse in less than 1 collapsed, wrinkled in appearance, firm to the minute, there may be a dressing leak. touch and no hissing sounds are heard.

If seal not airtight, smooth and press entire

If still leaking, apply additional strips of drape.

dressing, particularly the dressing edges.

An alarm will sound if the canister/tubing connection

is not secure. If needed, see Managing Prevena Plus

125 Machine Alerts & Alarms

Steps	Key Points
17. Clean up workspace:	
<ul> <li>Discard the dressing tray and disposable</li> </ul>	
scissors.	
<ul> <li>Remove gloves; perform hand hygiene.</li> </ul>	
<ul> <li>Save the remaining transparent film drape</li> </ul>	
and the Prevena connector in a clean, re-	
sealable plastic bag for possible future use.	
18. Date the canister.	
19. Conduct the initial Safety Monitoring Check:	
<ul> <li>Check the system from the dressing to the</li> </ul>	
power source.	The power symbol will turn from
<ul> <li>Plug in the machine, as the batteries may not</li> </ul>	yellow to green when fully charged.
be fully charged.	
<ul> <li>Assess colour, movement, warmth, sensation</li> </ul>	
distal to the dressing if NPWT on a limb.	Carrying case is available for ambulating clients to
Tubing may increase the risk of a fall, secure	enhance safety.
accordingly.	

Procedure: Removing a NPWT Prevena Plus Customizable Dressing				
Steps	Key Points			
Review the chart:     Read NPWT orders and overall care plan.				
<ul> <li>Prepare the client:</li> <li>Assess client for pain and anxiety. Provide appropriate medications, if required and allow time for the medication to take effect.</li> </ul>	The client undergoing NPWT may experience pain and anxiety. Utilize pain management strategies; medication, education, reassurance and positioning for comfort.			
<ul> <li>3. Prepare for the procedure:</li> <li>Gather the necessary supplies.</li> <li>Position the client for the procedure.</li> <li>Perform hand hygiene; put on clean gloves.</li> <li>Set up a sterile dressing tray.</li> </ul>	See Equipment and Supplies list.			
<ul> <li>4. Remove the dressing</li> <li>Hold the ON/OFF button for 3 seconds to turn the machine OFF.</li> <li>Starting at one end of the incision line, use a gloved hand to anchor the film drape edge, with the other hand gently stretch the drape horizontally away from the incision line.</li> <li>Slowly lift the drape away from the skin.</li> <li>Discard the dressing.</li> </ul>	When removing the dressing at the completion of the 7-day therapy, the machine will have automatically shut itself off.  If removing the dressing in the midst of the 7-day therapy, the machine will need to be manually turned off.  Remove the NPWT incisional dressing as soon as the machine is off, incisions do not need the 30-minute 'rest time' as with NPWT wounds dressings.  A peeling motion can cause epidermal stripping and irritates the peri-skin and surrounding skin.			
5. Remove gloves and perform hand hygiene.				
<ol> <li>Apply an alternative dressing as per surgeon's order.</li> <li>If re-applying the Prevena dressing see         Procedure: Applying/ Reapplying NPWT Prevena     Plus Customizable Dressing     </li> </ol>	Remove the batteries from the Prevena machine and recycled where possible; the machine should be recycled as electrical / electronic equipment.			

# **Procedure: Changing the Prevena Plus 125 Machine Canister**

### **Steps**

# **Key Points**

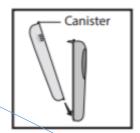
- Gather supplies:
  - o New sterile canister (150 ml)
  - o Alcohol swab x1
  - Clean gloves
- Perform hand hygiene and don gloves.
- Press/hold ON/OFF button 3 seconds to turn the therapy OFF.
- Slide tubing clamp close to where the tubing plugs into the canister. Close the clamp.
- Unplug the tubing from the canister tubing ports.
- Remove machine from carrying case, if using.
- Press upper Locking Tab on canister to remove canister.
- Hold canister and machine, one in each hand.
   Slide the bottom of canister into slot on the bottom of the machine.
- Close the canister into the machine; upper Locking Tab will click when canister is secure.
- Date the canister.
- Return machine to carrying case, if using.
- Cleanse canister tubing port site with the alcohol swab for 30+ seconds.
- Dry for 30+ seconds. Reattach dressing tubing to the canister ports.
- Press/hold ON/OFF button 3 seconds to turn the therapy ON.

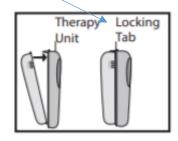
The solid **yellow** light over the Blockage Alert icon comes on when the canister is full or if there is a blockage. There is also an escalating audible beep, which repeats every 15 seconds.



To mute the alarm, press the Alert Mute button for 3 seconds. The alarm will be muted for 2 minutes. Alarm will repeat until canister is changed. Press the Alert Mute button again, if needed.

When the canister is changed, the audible and visual alarms will turn off.





# Managing Prevena Plus 125 Machine Alert / Alarms

Prevena Plus 125 Therapy is ON and working correctly when there is at least one of the seven Therapy Life Indicator green lights visible.

- Once the therapy is on for one continuous hour, the 7-day lifespan of the machine begins. It continues the count down even if the therapy is off.
- Each green light indicates one day of remaining therapy. Following each day of therapy, a green light turns off.



#### **Alarms**

The alarms sound two beeps that repeating every 15 seconds, except for the Low Battery Indicator, which beeps every 4 minutes. The alarm repeats until the condition is corrected.

The alarm can be muted, for 2-minute intervals, by pressing and holding the Alert Mute button for 3 seconds. Repeat if needed.

Alerts / Alarms Display	Monitor / Manage
<ul> <li>Therapy is near completion/completed:</li> <li>When there is 8 hours left of therapy, the last Therapy Life Indicator with show both green and yellow light.</li> <li>When the therapy is completed, only the yellow light is showing. The device will sound 8 beeps, followed by a continuous beep for 5 seconds, then turn off.</li> </ul>	Closely monitor the therapy as it nears completion.
Low battery indicator:  Solid yellow light with 2 beeps repeating every 4 minutes.	<ul> <li>Alarm indicates approximately 2 hours of therapy remain; plug machine in immediately to avoid disrupting the therapy.</li> <li>If the three AA batteries do not re-charge, then change them.</li> </ul>
Blockage / Canister Full alarm:  Solid yellow light with 2 beeps repeating every 15 seconds.	<ul> <li>To clear a blockage, ensure the tubing clamp is open and that the tubing is not kinked.</li> <li>If canister is full, <u>change canister</u>.</li> </ul>
Leak alarm: Solid yellow light with 2 beeps repeating every 15 seconds.	<ul> <li>Check for small lifts on the edge of the dressing and drape; add strips of transparent drape as needed.</li> <li>Ensure tubing connection is tight.</li> <li>Press/hold ON/OFF button 3 seconds to restart the therapy. If the air leak is resolved, the green light will stay on. If not, the alarm will sound; try again to seal the air leak.</li> </ul>
System default alarm:  • All lights turn on and flash.  • Two beeps will sound, repeating every 15 seconds.	<ul> <li>Press/hold ON/OFF button 3 seconds to see if the machine will turn ON.</li> <li>If machine does not turn on, a new machine is needed. If new machine not available within 2 hours, remove the dressing and apply the alternate dressing</li> <li>Notify the surgeon of the situation.</li> </ul>
3M/KCI Customer S	Service 1-800-668-5403

# **Client Showering**

The client may shower but tub bathing should wait until after NPWT has been discontinued.

## When showering:

- Ensure the device, which runs on batteries, is outside of the shower spray area, (e.g. put it just outside the shower, hang it on the soap/shampoo holder).
- Try to keep the shower spray off the dressing as much as possible. Should soap or shampoo come in contact with the dressing, lightly rinse it off with an indirect spray of the shower.
- When finished, lightly pat dry the dressing including the surrounding area. Do not rub as rubbing may lift the edges of the dressing.

## Transition/Discharge Planning Refer to Negative Pressure Wound Therapy Guideline

- For transition from an acute site to another acute care site
- For transition from an acute care site to community care
- For transition from an acute care site to long-term care
- For transition from a community care site or a long-term care site to an acute care site

## **Client/Family Education and Resources**

#### 1. Acute Care:

- a. When NPWT is started, teach client/family the rationale for and the underlying principles of NPWT as well as general information regarding the Prevena Plus 125 Therapy machine being used.
- b. Prior to discharging the day-surgery client home:
  - Review the Client Health Education Resource: <u>NPWT Prevena Plus 125 Self Care</u> which outlines the frequently asked questions and specific Prevena Plus125 machine details, (e.g., managing alerts / alarms, changing the canister), to ensure the client will be able to manage at home.
  - Identify which method the client is to use to manage an irreparable dressing leak and put together the client's Trouble-Shooting Supplies bag.
- c. Prior to transition of care to Community (home/Ambulatory Care Clinic):
  - Review the Client Health Education Resource: <u>NPWT Prevena Plus 125 CHN Services</u> which
    outlines the frequently asked questions and specific Prevena Plus 125 machine details e.g.,
    managing the alerts/alarms, changing the canister.
  - Identify which method the patient is to use to manage an irreparable dressing leak and put together the client's Troubleshooting Supplies bag.

## 2. Community Care:

- a. When the client is transitioned from Acute Care with NPWT in place, or when NPWT is started at home / ambulatory clinic, teach / reinforce the rationale and underlying principles of NPWT.
- b. Review the frequently asked questions and specific information regarding the Prevena Plus 125 machine, (e.g. the management of alerts / alarms, changing the canister); see Client Health Education Resource: NPWT Prevena Plus125 CHN Services.
- c. Review/identify the method that the client is to use to manage an irreparable dressing leak. Ensure client has a Troubleshooting Supplies bag.

# 3. Long Term Care:

a. When the resident is received from Acute Care with NPWT in place, or when NPWT is started within the long-term care site, teach/reinforce with client / family the rationale for the underlying principles of NPWT as well as general information regarding the Prevena Plus125 machine. The Client Health Education Resource: <u>NPWT Prevena Plus125 CHN Services</u> may be provide to the resident / family as a resource.

# **Documentation**

- 1. With each Prevena Customizable NPWT dressing change, document on the appropriate paper or electronic documentation tool, as per agency policy, and include the following:
  - a. The incisional assessment
  - b. Document the client's response to the dressing change.
- 2. Document NPWT clinical outcomes and care plan revisions as they occur.
- 3. For Acute Care & Long-Term Care:
  - Document safety/monitoring checks on the NPWT Safety/Monitoring Check Flow Sheet as per unit policy.
  - Document canister fluid volume; use the Fluid Balance (In/Out) flow sheets as per unit policy.
- 4. Document the client / family teaching provided on transition of care. Note the troubleshooting supplies given to client / family on transition to the community (home/Ambulatory Clinic setting).
- 5. When a Prevena Customizable NPWT dressing is applied/changed in the Operating Room (OR), document the following in the OR record:
  - NPWT type: Closed Incision
  - Note: packing count is not needed as the dressing is covering a closed incision.
- 6. Report NPWT adverse events in the Patient Safely Learning System or report the safety event according to Health Authority or agency guidelines.

# **Bibliography/References**

- 1. Refer to the <u>Negative Pressure Wound Therapy</u> for the master list of references.
- 2. KCI (An Acelity Company). (2016). Prevena Plus Incision Management System Prevena Plus Customizable Dressing with SensaT.R.A.C Technology Instructions For Use: For Clinicians Only. KCI Medical Products (UK), Ltd. United Kingdom. Drawings adapted from same.
- 3. KCI (An Acelity Company). (2019). Prevena Plus 125 Therapy Unit Patient Guide. <a href="https://www.acelity.com/-media/Project/Acelity/Acelity-Base-Sites/shared/PDF/prevena-125-therapy-unit-patient-guide.pdf/#EN.">https://www.acelity.com/-media/Project/Acelity/Acelity-Base-Sites/shared/PDF/prevena-125-therapy-unit-patient-guide.pdf/#EN.</a> Drawings adapted from same.

## **Document Creation**

This guideline is based on the best information available at the time it was published and relies on evidence and avoids opinion-based statements where possible. It was developed by the Provincial Nursing Skin & Wound Committee and has undergone provincial stakeholder review.

Created By	British Columbia Provincial Nursing Skin & Wound Committee in collaboration with NSWOCs/ Wound Clinicians from across all Health Authorities
Publication Date	June 2020,
Revision Date(s)	June 2021, October 2025
Review Date(s)	