

STANDARD WRITTEN ORDER / CMN Negative Pressure Wound Therapy 612-10 Jefferson Street, Whiteville, NC 28472 1-800-297-7567 (Phone) • 1-910-719-9025 (Fax)

*Date of Order			
*Patient NameDOE	3	SS#	
Address	Telephone		
Primary Diagnosis			
EQUIPMENT AND SUPPLIES -			
□ E2402 – Negative Pressure Wound Therapy Pump			
☐ A7000 – Disposable Canister for Pump	10/M		
☐ A6550 – Negative Pressure Wound Therapy Dressing Se	et 15/M		
I prescribe NPWT pump and supplies for r Cleanse wound with change dressing (how MMMHG, □ Foam □ Gauze.			
Patient to apply wet to dry normal saline dressing if equip	ment failure occurs.		
Goal at completion of NPWT: Assist granulation tissue	formation □ Flap □ C	Graft □ Delayed primary closure	
* NPI: Address:			
*Physician/Treating Practitioner Signature	*Print Name	*Date	

By my signature, I attest that I am prescribing NPWT as medically necessary and all other applicable treatments have been tried or considered and ruled out. I have read and understood all safety information and other instructions for NPWT as well as NPWT clinical guidelines.

Clinical Documentation for Negative Pressure Wound Therapy

Patient Name:				
PATIENT'S WOUND HISTORY				
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1. Was NPWT initiated in an inpatient facility? ☐ Yes ☐ No If Yes, Name of Facility: Date I 2. Is there anything compromising the patient's nutritional status?☐ If Yes, what measures have been taken? ☐ Protein Supplements ☐ Enteral/NG Feeding ☐ TPN ☐ Vitamin Therapy ☐ Special Diet ☐ Othe 3. Is NPWT being ordered for any type of chronic wound (more than a lif Yes, which previous therapies have been applied to maintain a management of the complex of the com	Yes No er 30 days)? Yes No oist wound environment			
☐ Saline Soaked Gauze ☐ Hydrocolloid ☐ Alginate				
☐ Hydrogel ☐ Absorptive ☐ Other 4. Is the patient on a comprehensive diabetic management program? ☐ Yes ☐ No ☐ N/A 5. Is the patient's wound a direct result of an accident? ☐ Yes ☐ No Accident Type: ☐ Auto ☐ Employment ☐ Trauma ☐ Responsible Party: ☐ Responsible Party: 6. Is there muscle, bone, tendons exposed? ☐ Yes ☐ No				
ADDITIONAL INFORMATION BY WOUND TYPE				
a. Pressure Ulcer: Stage III Stage IV Is moisture/incontinence being managed? Yes No N/A Is a specialized support surface being used for ulcers on the posterior pelvis or trunk? Yes No N/A Is the patient being turned and positioned? Yes No N/A N/A				
WOOND WILASONEWENTS				
Wound #1 Type: Wound Age (mos): Is there less than 20% slough/fibrin in the wound?	Is there less than 20 Are serial debridem Measurement date: cm Length:	% slough/fibrin in the wound?		
Location #2: cm, at o'clock	Location #2:	cm, at o'clock		
* Clinician Signature:	_ Facility:	Date:		
chincian signature	_ r acmity	Date		