


### Appendix 1: NPWT Authorisation Form

 <p style="text-align: center; font-weight: bold; font-size: 1.2em;">NEGATIVE PRESSURE WOUND THERAPY (NPWT) AUTHORITY</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">SURNAME</td> <td>MRN</td> </tr> <tr> <td>OTHER NAMES</td> <td>[ ] MALE [ ] FEMALE</td> </tr> <tr> <td>D.O.B. ____/____/____</td> <td>M.O.</td> </tr> <tr> <td colspan="2">ADDRESS</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2">LOCATION</td> </tr> </table> <p style="text-align: center; font-size: 0.8em;">COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE</p>	SURNAME	MRN	OTHER NAMES	[ ] MALE [ ] FEMALE	D.O.B. ____/____/____	M.O.	ADDRESS				LOCATION	
SURNAME	MRN												
OTHER NAMES	[ ] MALE [ ] FEMALE												
D.O.B. ____/____/____	M.O.												
ADDRESS													
LOCATION													

1. Indicate in the Patient Health records the rationale for the usage of the NPWT therapy.
2. Orders to be completed, by medical officer or wound care expert, weekly in the inpatient setting, or monthly in the outpatient setting and also when therapy settings change.
3. Dressing is to be changed as ordered. Canister to be changed weekly or as necessary.
4. Observations: the NPWT dressing care plan must be attended each shift, or at each community nurse visit
5. If patient is discharged into the community setting with the NPWT, this form must be current and a copy forwarded with the Community Nurse Referral.

	Commencement Authorisation Date:	Reauthorisation 1 Date:	Reauthorisation 2 Date:
Authorisation Name / Signature / Designation			
Therapy Goal / Rationale			
Wound Location			
Type of NPWT Machine	[ ] InfoVac [ ] Activac [ ] Other _____	[ ] InfoVac [ ] Activac [ ] Other _____	[ ] InfoVac [ ] Activac [ ] Other _____
Cycle Setting	[ ] Continuous [ ] Intermittent	[ ] Continuous [ ] Intermittent	[ ] Continuous [ ] Intermittent
Pressure Setting	_____ mmHg	_____ mmHg	_____ mmHg
Dressing type	[ ] GranuFoam [ ] VersaFoam [ ] AMD Gauze	[ ] GranuFoam [ ] VersaFoam [ ] AMD Gauze	[ ] GranuFoam [ ] VersaFoam [ ] AMD Gauze
Dressing Size	[ ] Small [ ] Medium [ ] Large	[ ] Small [ ] Medium [ ] Large	[ ] Small [ ] Medium [ ] Large
Dressing Frequency			
Canister Change			
Other			

**G** BINDING MARGIN - NO WRITING