NHS Cumbria Clinical Commissioning Group | Cumbria Partnership NHS Foundation Trust | North Cumbria University Hospitals NHS Trust | University Hospitals of Morecambe Bay NHS Foundation Trust

Prescription Request Form

PICO TOPICAL NEGATIVE PRESSURE DRESSING

Introduction	**Indication**: Wounds which are consisted suitable for topical negative pressure (TNP) therapy by a suitably qualified and experienced and competent clinician **Background:** PICO is a TNP system used to reduce healing time for "hard to heal" wounds. Each package lasts one week and treatment is for a maximum of three weeks. Wounds must be assessed for suitability by a Tissue Viability Nurse (TVN), a vascular nurse or other suitably qualified specialist clinician and reviewed weekly before each prescription is requested to ensure healing is progressing and that the device is suitable for the patient.	
Patient and requester details	**Patient name** **NHS number** **Address** **GP practice**	**Requester Name** **(TVN or Specialist Nurse only)** **Contact details** **Date**
Type of wound and reason why PICO required	**Wound size** **Wound type**(eg epithelialising, granulating, sloughy) **Level of exudate** (low, medium, high), **Cavity present?** **Active infection excluded**	 Yes/No Yes
	Previous treatment tried, and duration of treatment:-	
	Why other TNP systems e.g. Talley, unsuitable or other factors to support request.	
Size	10cm x 20cm 10cm x 30cm 15cm x 15cm 15 cm x 20cm	
Which week of treatment does this request relate to?	Week 1/ Week 2/ Week 3 (delete as appropriate) One pack to be used each week, usually for a maximum of THREE weeks. Wound to be assessed at a frequency no less than weekly, to monitor healing and suitability of dressing.	

Secondary Care Responsibilities	• Confirm the wound is suitable for TNP dressing
	• Exclude active infections.
	• Risk assess the patient's home setting (see Cautions)
	• Discuss the benefits and side effects of treatment with the patient and gain their consent for treatment. Ensure that the patient understands which warning signs and symptoms to report.
	• Define treatment goal.
	• Provide the patient with information about the device, and information about who to contact with any concerns,
	• Request prescription from patient's practice.
	• Review the patient weekly to monitor their response to therapy.
	• Advise the GP on management and when to stop treatment.
	• Ensure that clear arrangements exist for GPs to obtain advice.
	• If the patient requires a course of treatment longer than 3 weeks, contact the patient's GP to explain circumstances
	• Ensure the treatment is discontinued when treatment goal achieved
	• Ensure treatment is discontinued and alternatives considered if:
	  ○ Uniform granulation tissue and little wound depth is present
	  ○ The patient is not tolerating TNP or withdraws consent
	  ○ Wound volume reduction is less than 15% over a 2 week period
	  ○ The patient complains of extreme pain
	  ○ There is excessive bleeding
	  ○ Signs of local or spreading infection are present

Primary Care Responsibilities	• Provide the patient with prescriptions for PICO. • Issue prescriptions for one pack at weekly intervals and only on receipt of a completed request form • Issue no more than 3 prescriptions, unless directly contacted by TVN to explain circumstances. • **Prescriptions should be issued as acute prescriptions and not put on repeat under any circumstances** • Report any adverse events to TVN and stop treatment on their advice or immediately if an urgent need arises. • Report any worsening of the condition of the wound to the TVN.
Contra-indications	**Osteomyelitis**: TNP is contraindicated in the presence of untreated osteomyelitis **Malignancy**: TNP is not recommended in malignant wounds because it may stimulate proliferation of malignant cells **Non-enteric and unexplored fistulae**: there may be communication with underlying vulnerable organs **Exposed vasculature, nerves, anastomotic sites or organs**: if directly applied to exposed structures, TNP can cause damage or rupture vessels due to the force of negative pressure **Necrotic tissue with eschar present or thick slough in the wound bed**: appropriate debridement should be performed before the application of TNP. This therapy is not designed to debride and quicker results will be obtained if the wound is debrided prior to application of TNP
Cautions	**Weakened blood vessels**: patients who have weakened blood vessels, friable vessels

	and infected vessels (direct negative pressure may cause trauma and bleeding) **Exposed delicate structures**: patients with exposed blood vessels, delicate fascia, exposed tendons or ligaments (direct negative pressure may cause trauma and bleeding) **Bleeding**: wounds that are actively bleeding or where the patient is at a high risk of bleeding or haemorrhage, receiving anticoagulant therapy and/or platelet aggregation inhibitors (negative pressure could encourage bleeding as local perfusion will be increased and therefore blood loss will be greater) **Fistulae**: wounds with enteric fistulae (these require special precautions to optimise therapy). The clinician needs to refer to or take advice from a specialist in TNP for these patients **Patients requiring certain treatments**: special consideration and caution should be taken where patients require magnetic resonance imaging (MRI), hyperbaric oxygen treatment, defibrillation, etc **Additional precautions**: these include patients with spinal cord injury, infected wounds, wounds with sharp edges (eg bone fragments) and vascular anastomoses The **size and weight** of the patient should also be considered: infants, children, small adults and elderly patients should be closely monitored for fluid loss and dehydration. Risk assessment checklist for home setting: Patient mobility – does the patient use a walking aid? Is the patient able to carry the device and manage the weight and tubing? Is the patient at risk of falling because of the device? Is the patient/carer cognitively able to manage the therapy? Does the patient have sufficient hearing/vision to manage the system (e.g. hear alarms/see dial)? Is the patient in a psychological and social situation appropriate for TNP? Is the patient's home electricity supply safe? Are there stairs or other obstacles that the patient will need to manoeuvre with the device?
Adverse events, side effects and device issues	Pain and discomfort are the most common side effects of TNP and can occur when the vacuum is initiated and when high pressure is being exerted. Bleeding from wound bed trauma and pain can also occur when foam is being removed and there is excessive growth of tissue into the dressing. Administering saline into the foam or tubing can help to decrease discomfort at dressing changes, or the use of a non-adherent layer to line the wound bed can be considered. Analgesia may be needed but often sensitivity to treatment reduces over time. Bleeding is the cause of the most serious adverse events reported to the FDA. Also of note were wound infections, particularly related to the retention of dressing pieces in the wounds. Injury from foam dressing pieces and foam sticking to tissues or clinging to the wound were noted in many of the reports received Skin maceration has been described, and there are case reports of more serious side effects including sepsis, toxic shock syndrome and hypovolaemic shock from fluid loss, arterial erosion bleeding and amputation of an extremity. Noise generated by different devices may interfere with sleep. Blockages of the system beneath the film dressing caused by wound exudate accumulation,

	maceration, infection, loss of negative pressure or unrecognised bleeding may not allow the system to detect (and therefore alarm for) the blockage or any air leaks. This means it is important to monitor the patient closely during TNP, including the need for regular dressing checks rather than relying solely on the device's alarm to indicate a problem.
References	Wound care - Negative pressure wound therapy (NPWT) PresQipp Bulletin 131.April 16 https://www.prescqipp.info/our-bulletins-toolkits/category/3-primary-docs
This guidance does not replace the product information which should be read in conjunction with this guidance.	