

## G-250 Vacuum-assisted Closure (VAC) Wound Therapy, Negative Pressure Wound Therapy

### Purpose

Enhance delayed or impaired wound healing.

Apply localized pressure to draw the edges of the wound toward the center.

Remove interstitial fluid allowing tissue decompression.

Remove infectious materials.

Provide a closed moist wound healing environment.

### Applies To

Registered Nurses

Licensed Practical/Vocational Nurses

Other (*Identify*): \_\_\_\_\_

### Equipment/Supplies

- Normal Saline Solution.
- Clean gloves and sterile gloves.
- Piston syringe with 19 gauge catheter.
- Foam.
- Fenestrated tubing.
- Evacuation tubing.
- Skin protectant.
- Transparent occlusive air permeable drape.
- Evacuation canister.
- Vacuum unit.
- Emesis basin.
- Gown, mask, and goggles as indicated.
- Chux.

### Special Considerations

**Indicated:** for acute and traumatic wounds, pressure ulcers and chronic open wounds.

**Contraindicated:** for fistulas that involve body cavities, necrotic tissue, malignant wounds and untreated osteomyelitis.

Use with caution in clients with active bleeding.

### Procedure

1. Wash hands. Refer to Hand Washing Procedure.
2. Gather equipment.
3. Explain the procedure to the client.
4. Assemble the vacuum assisted closure device per manufacturer's instruction.
5. Set the negative pressure per physician orders (25 to 200 mm Hg).

6. Place chux or other linen save under the client.
7. Put on gloves and remove soiled dressing.
8. Discard dressing in waterproof bag.
9. Attach the catheter to the syringe and irrigate the wound with normal saline.
10. Clean around the wound, dry the skin and apply the skin protectant.
11. Remove gloves, wash hands, and put on sterile gloves.
12. Using sterile scissors cut the foam to the measurement of the wound.
13. Place the foam in the wound.
14. Place the fenestrated tubing into the center of the foam (***This tubing embedded in the foam delivers the negative pressure to the wound.***)
15. Place the transparent drape over the foam, enclosing the foam and the tubing.
16. Remove and discard gloves.
17. Connect the free end of the fenestrated tubing to the tubing that is connected to the vacuum canister.
18. Turn on the vacuum unit.
19. Dispose of drainage and waste according to agency waste policies.

**Care Considerations**

Change dressing every 48 hours or as ordered by the physician.

Measure the amount of drainage daily or more often if indicated.

Alarms will alert caregiver if unit is tipped greater than 45°, if canister is full, if there is an air leak or the canister becomes dislodged.

**Documentation Guidelines**

Document in the clinical record.

1. Date and time of therapy.
2. Amount of negative pressure applied.
3. Size and condition of the wound.
4. Client level of pain and signs symptoms of infection.
5. Client response to treatment.

**Related Procedures**

None

**Policy History**

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