

WOUND VAC: APPLICATION & MANAGEMENT

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Objectives:

- › Upon completion of the VAC program, the learner will be able to:
- › Demonstrate basic VAC application techniques
- › Verbalize indications for VAC use
- › Demo settings on VAC unit and troubleshooting alarms
- › Verbalize basic VAC guidelines for use
- › Verbalize VAC resources



PRESENTATION & VAC HANDS ON TRAINING

- › Big thanks to KCI for all materials and participation!!!!



UCSD: VAC START UP GUIDELINES

- › STARTING A WOUND VAC
- › MD order for VAC to include:
- › VAC settings (125mm, continuous mode, low intensity; this is usually pre-set)
- › Type of foam (granufoam, silver, white)
- › Frequency of dressing change
- › Who changes dressing (MD, RN, WOCN)



Obtaining a VAC unit:

- › Copy of MD order and stickers
- › Obtain unit from Storehouse or Central Supply
- › Call KCI re: start up with patient information
- › KCI VAC form: filled out by MD if home unit ordered for discharge (will need wound measurements)
- › Photo documentation at VAC start up highly desired!
- › New measurements and weekly photos in EPIC



VAC CHANGE TIPS

- Verify order
- Offer pre-med for pain
- Gather supplies
- Turn off machine, disconnect tubing from dressing
- Wounds with little drainage: connect syringe to tubing on dressing and flush with normal saline to moisten sponge. Let sponge soak while setting up supplies
- Count foam pieces on removal, should match what is labeled on dressing

VAC TIPS...

- Always flush wound bed with normal saline
- Use Contact layer (ie Adaptic) if wound bed dry or sponge imbedding into granulation tissue
- Use sticker in foam kit to document date and # of foam pieces used

STARTING VAC UNIT

- › Turn on unit.
- › Verify correct settings: negative pressure, intensity, continuous mode or intermittent according to MD order
- › Inform patient that Vac unit is starting and they may feel a pulling sensation on the wound which should subside quickly.
- › Verify that foam compresses and no leaks (check machine).



COMPLETION:

- › Documentation:
- › ON DRESSING: date, time, initials and # of foam pieces placed in wound
- › Nursing documentation: Pain and pre-med, wound location, wound bed characteristics (color, granulation, non-viable tissue, tunneling, etc.), surrounding skin condition, drainage type and amount, odor or none, wound measurements and photo weekly
- › Foam type applied and # of pieces, basic procedure notes (wound irrigated, MD saw wound, pt. response to pain meds, etc.)



NOTIFY MD IF:

- › More than 20% non-viable tissue in wound (needs ongoing debridement)
- › Patient complaints of constant pain with Wound VAC on
- › Foul odor, pus, bleeding wounds, vessels seen in wounds, bone noted in wound (MD should assess prior to VAC application)
- › Excessive drainage (>200cc/shift)
- › Anything you or the patient are unsure of or uncomfortable with!

VAC ALARMS :

- › Seal leak: check connection from cassette tubing tight
- › Seal leak: press around edges of drape, watch seal leak detector to go to green, reinforce if needed with more drape
- › Leakage under drape: consider changing Vac sponge, reconsider use of other dressings/containment
- › Blockage: Consider snipping out Trac Pad, re-apply new drape and new Trac Pad

MONITORING WOUND VAC EACH SHIFT:

- Settings
- Drainage amount, character, mark cassette end of shift; document output each shift
- Notify MD of unusual changes in drainage
- Leakage
- Cassette fullness, check if needs changing
- Pain
- Monitor wound edges and intactness of dressing

Transferring to outside facility

- ▶ **Our Vac stays at UCSD**
- ▶ Obtain order to discontinue Vac and apply Normal saline moist dressing if SNF transfer
- ▶ Discharges to home: disconnect our VAC, connect to Home Vac prior to discharge. Send all home Vac supplies with pt.
- ▶ Pt. should be taught to keep the Vac charged and how to change the cassette



RESOURCES FOR VAC

- ▶ WOCN: page or leave message x38203
- ▶ MD ordering VAC therapy
- ▶ KCI: www.kci.com (protocols, VAC videos, contact phone for KCI rep)
- ▶ Clinical Nurse Specialist on your floor


