AUDITOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AUDT DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION/UNIT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Negative Pressure Wound ThERAPY  DRESSING CHANGE

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| --- | --- | --- |
| **Element Assessed** | **Response** | **Notes** |
| **Employee Competency and Resources** | | |
| 1. Have you received training to perform wound care or negative pressure wound therapy (NPWT)? | Yes  No |  |
| 1. If NPWT, have you received training with this explicit system in the last year? | Yes  No  NA, NPWT not used. |
| 3. Employee(s) can verbalize what to do if dressing change process is interrupted or dressing integrity is compromised? | Yes  No |
| 1. Employee(s) correctly uses personal protective equipment? | Yes  No |
| **Wound Care Procedure** | | |
| 1. Single use supplies are used only once (e.g. measuring devices, dressings). | Yes  No |  |
| 1. Supplies are within use-by dates (e.g. anything with active ingredients, antiseptics, ointments). | Yes  No  NA |

|  |  |  |
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| 1. Supplies are appropriately stored (e.g. intact dry packaging, covered, with other clean supplies, not mixing clean and contaminated). | Yes  No  NA |  |
| 1. Prescription medications/ ointments are used exclusively for the patient/resident for whom they have been prescribed? | Yes  No  NA |
| **NPWT Reprocessing** | | |
| 9. Employee can verbalize who is responsible for surface cleaning and disinfection of the NPWT equipment? | Yes  No  NA, NPWT not used. |  |
| 10. Employee can verbalize the procedure for managing the equipment after discontinuation of use? | Yes  No  NA, NPWT not used. |