


Developed by the British Columbia Provincial Nursing Skin & Wound Committee in collaboration with NSWOCs/Wound Clinicians from:	
	
Title	Procedure: NPWT Dressing Application – PICO 7 & PICO 14
Document Indications for Use	This Negative Pressure Wound Therapy (NPWT) dressing procedure is used with the disposable Smith & Nephew PICO 7 or PICO 14 machine and in conjunction with the Guideline: Negative Pressure Wound Therapy (Reusable/Disposable) for Adults & Children .
British Columbia Practice Level	<ul style="list-style-type: none"> • In order to carry out NPWT, Registered Nurses (RNs), Registered Psychiatric Nurses (RPNs), and Licenced Practical Nurses (LPNs), in accordance with the British Columbia College of Nurses and Midwives' scope of practice for their specific designation, must: <ul style="list-style-type: none"> ○ Have Health Authority (HA) and/or agency policy in place to support their designation in providing NPWT. ○ Have a HA approved NPWT decision support guideline. ○ Successfully complete the additional education for monitoring/managing the NPWT system (dressing to machine). ○ Successfully complete additional education for NPWT dressing application. ○ Have client specific NPWT orders from a Physician/NP/NSWOC/Wound Clinician. ○ For LPNs, follow an established NPWT wound treatment plan • Clients (see definition) undergoing NPWT require an interprofessional approach to provide comprehensive, evidence-based assessment and treatment.
Background	<p>The PICO 7 and the PICO 14 NPWT systems consists a canister-free, single-use, disposable machine and a dressing and is used for open wounds with exudate up to 50mL/24hour or 300mL/week, closed incision and skin grafts:</p> <ul style="list-style-type: none"> ○ The PICO 7 machine automatically shuts down when Day 7 of therapy is completed; the PICO 14 shuts down when Day 14 is completed. ○ The NPWT Pressure Setting is 80 mmHg continuous pressure (+/- 20 mmHg unit pressure). ○ There is no canister, the 4-layer dressing manages the exudate through a combination of absorption and evaporation of moisture through the outer film layer. ○ As there is no canister, if moderate amount of exudate is expected, choose a dressing pad size that is 75% greater than the size of the wound and additional dressing changes may be needed. If exudate amount is anticipated to be greater than 50 mL/24 hours or 300 mL/week, choose an alternative NPWT machine. ○ Dressing sizes for incisions are up to 40 cm and for wounds/skin grafts up to 25 cm x 25 cm. ○ The system may be used for wounds with depth up to 4.5 cm: <ul style="list-style-type: none"> ○ Wounds with depth less than 0.5 cm regardless of width do not need a wound filler. ○ Wounds with depth greater than 0.5 cm but less than 2 cm and a narrow width will likely not require a wound filler. ○ Wounds with greater than 0.5 cm but less than 2 cm and a wide width will likely require an appropriate wound filler e.g., PICO black foam, PHMB (polyhexamethylene biguanide) woven gauze/ packing and/or a silver dressing (e.g., Acticoat Flex3). ○ Wounds with depth greater than 2 cm and less than 4.5 cm regardless of width of the wound require a wound filler ○ Dressing with wound fillers are changed usually 2-3x/week. ○ Neither the PICO 7 nor PICO 14 systems can be Y-connected. ○ PICO 7 / PICO 14 has not been studied in the pediatric population. Patient size and weight should be considered when prescribing this therapy for this population. ○ For disposal, the machine batteries and the machine should be recycled as electrical or electronic equipment. <p>Special PICO 7 and PICO 14 Pump Placement Safety Considerations For patients, family, caregivers and the public: The PICO 7/PICO 14 machine contains a magnet which can cause medical machine failure leading to serious harm or death. The list of medical machines includes, but is not limited to, Implantable Cardioverter Defibrillators (ICDs), Pacemakers, Insulin Pumps, Shunt Valves, Neurostimulators, and Cochlear Implants. At all times, the PICO 7 / PICO 14 machine must be kept at least 10 cm (4 inches) away from the above-mentioned machines or similar medical machines.</p>

	<p>The PICO 7 / PICO 14 systems can be used in aircraft, train and boat transportation. During transport there is a potential for radio frequency interference that could affect machine performance. If the PICO 7 /PICO 14 machine malfunctions, replace batteries. If this does not correct the problem; replace the machine.</p> <p>General Safety Considerations for NPWT Medical Devices</p> <ul style="list-style-type: none"> • Defibrillation: when defibrillation is required in the area of the NPWT dressing, remove the dressing or place the paddles in an alternate position; ensure that the NPWT machine is at least 2 meters away from the paddles. • Electrodes or Conductive Gel: do not place EKG or other electrodes/conductive gels in contact with the NPWT dressing/machine. • Magnetic Resonance Imaging (MRI) environment: <ul style="list-style-type: none"> ○ The NPWT machine itself cannot go into the MRI environment. If a canister is present, disconnect it from the machine and ensure that all tubing clamps are open to allow any exudate to flow into the canister. ○ If the NPWT dressing (interface and/or foam) does not contain silver, then the dressing may remain in place. If the MRI is to be done in the area of the wound, consult Radiology Department regarding the need to remove the dressing. ○ If the NPWT dressing is comprised of a silver-based interface or Granufoam Silver foam or is a Prevena dressing, consult with the MRI Radiology Department; depending upon the MRI magnetic field environment, the silver-based dressing may need to be removed. • Diagnostic Imaging: Silver-based interfaces, Granufoam Silver foam or Prevena dressings may impair visualization with certain imaging modalities; consult with the Radiology Department regarding the need to remove the dressing. • Hyperbaric Oxygen Chamber environment: the NPWT dressing should be removed and a different type of dressing used for the duration of the HBO treatment period. • Cell phones or similar products could affect the NPWT machine; move the NPWT machine away 2 meters (6.5 feet) away from the machine if interference is suspected. • Do not connect NPWT dressings to wall suction
<p>Bookmarks</p>	<p>Equipment and Supplies Procedure: Applying/reapplying NPWT PICO 7 / PICO 14 Dressing Procedure: Removing a NPWT PICO 7 / PICO 14 Dressing Managing PICO 7 /PICO 14 Alerts Client Showering Client/Family Education and Resources Transition/Discharge Planning Documentation References/Bibliography Document Creation</p>
<p>Related Documents</p>	<p>Guideline: Negative Pressure Wound Therapy (Reusable/Disposable) for Adults & Children Guideline: Wound Management for Adults & Children Procedure: Wound Cleansing Procedure: Wound Packing Additional Education Requirements/Competencies: NPWT Monitoring/Managing E-Learning Module: NPWT Monitoring/Managing Additional Education Requirements/Competencies: NPWT Dressing Application (under development) E-Learning Module: NPWT Dressing Application (under development) Documentation Tool: NPWT Safety/Monitor Check Flow Sheet Client Health Education Resource (CHER): NPWT PICO 7 Self Care Client Health Education Resource (CHER): NPWT PICO 7/ PICO 14 CHN</p>

Equipment and Supplies

When choosing the dressing kit, consider:

- How many days (7 or 14) of therapy is needed
- How many dressings are going to be needed (1 or 2). Dressings are also available without the machine.
- If moderate amount of exudate is expected, choose a dressing pad size that is 75% greater than the size of the wound.
- Dressing sizes: 10x20cm, 10x30cm, 10x40cm, 15x15cm, 15x20cm, 15x30cm, 20x20cm, 25x25cm and Multisite 15x20cm, Multisite 20x25cm.
- The kit also contains:
 - 2 alkaline AA batteries
 - Fixation strips

Dressing Change Supplies

- Personal protective equipment (i.e., safety glasses, gloves, gown, and mask as required)
- Major dressing tray
- 30 mL syringe and irrigation tip catheter or an 18 - 19 irrigation machine, if needed
- Sterile normal saline at least 100 mL, at least at room temperature
- Sterile scissors
- Sterile gloves - 1 pair
- Clean gloves - 1 pair
- No-Sting Barrier Film wipes
- Foam tip measure probe or metal probe or cotton tipped applicator
- Paper ruler/measurement guide
- Alcohol swab(s)
- Procedure pad(s)
- Camera (if required)
- Pen/marker

Additional Supplies as needed

- Additional supplies as per the Pre-Printed Order (PPO) or in the written care plan.
- PHMB gauze/packing ribbon
- Antimicrobial e.g., Acticoat Flex sheet/ribbon
- PICO black foam
- Meshed non-adherent contact layer
- Hair clippers
- Non-sterile ostomy strips, rings, paste

Pre-Soak Supplies (Open Wound only)

- 50-60 mL syringe
- Sterile normal saline at least at room temperature
- Lidocaine 1% (without epinephrine), if ordered
- Procedure pad(s)

Procedure: Applying / Reapplying a NPWT PICO 7/PICO 14 Dressing

Click here for [Procedure: Removing a NPWT PICO 7/PICO 14 Dressing](#)

Note: Dressing change frequency for a dressing with a wound filler should be at least 2-3 times/week

Steps	Key Points
1. Review the Orders: <ul style="list-style-type: none"> • Read the NPWT order and overall care plan. • Review allergies/sensitivities to products. 	
2. Prepare the client <ul style="list-style-type: none"> • Assess client pain/anxiety for appropriate medication(s) required and allow time for the medication(s) to take effect. • Position the client for the procedure. 	The client undergoing NPWT may experience pain and anxiety. Provide pain management strategies, medications, education, reassurance and position for comfort.
3. Set-up for the procedure: <ul style="list-style-type: none"> • Gather the supplies. • Perform hand hygiene; put on clean gloves. • Set up the sterile dressing tray. • Add the supplies needed for peri-skin protection (i.e., hydrocolloid, gel patches, or skin prep). • Ensure a permanent marker is available and place outside the sterile field. • Take down and remove the current dressing. • Perform hand hygiene; don sterile gloves 	Perform hand hygiene to avoid contamination.
4. Clip peri-wound/surrounding skin hair, if needed: <ul style="list-style-type: none"> • Using scissors or clippers, clip the hair in the area where the dressing is to be applied. • Clip as close to the skin surface as possible. • Avoid shaving whenever possible. 	Hair can make it difficult to achieve an airtight seal and may cause pain during drape removal. Shaving is not recommended as this can cause skin irritation and may lead to folliculitis but, if needed, then shave in the direction of the hair follicles.
5. Cleanse and assess: <u>For wound:</u> <ul style="list-style-type: none"> • Cleanse the wound and peri-skin. • Complete a full wound assessment. • If this is a reapplication of the dressing, determine ongoing need for NPWT. If the wound is closed, or has deteriorated, notify the ordering Physician/NP/NSWOC/Wound Clinician. <u>For incision/skin graft:</u> <ul style="list-style-type: none"> • Cleanse as per Physician/Surgeon orders. • Complete a full assessment. • If this is a NPWT reapplication, determine appropriateness of ongoing therapy. If the incision/graft is closed, or has deteriorated, notify the ordering Physician/NP/NSWOC/Wound Clinician. 	Cleansing the wound bed aids in removal of exudate, promotes visualization of wound bed tissues and ensures all loose clipped hairs are not retained in the wound. Assessment including measurements provide an objective assessment of wound healing.
6. Prepare the peri-skin and surrounding skin: <ul style="list-style-type: none"> • Using sterile forceps, apply No-Skin Barrier Film to peri-wound skin. • Use ostomy ring, paste, or strips (non-sterile), as needed, to fill in folds/creases. 	The barrier film will provide peri-wound skin protection from maceration, help to maintain an airtight seal on the dressing and may extend the wear-time of the dressing. Ostomy rings, paste, or strips assist in levelling the peri-skin which will support an airtight seal.




Steps	Key Points
7. Transition to sterile technique: <ul style="list-style-type: none"> • Remove clean gloves; perform hand hygiene. • Take photos for documentation, if required. • Open the NPWT dressing kit and add any additional wound filler(s), if needed. • Perform hand hygiene. Don sterile gloves for the remainder of the procedure. • Designate one side of the sterile field for cutting wound filler(s), if being used. 	Instruments used to clean the wound are no longer sterile and therefore not used to aid in the activities used to fill the wound bed.
8. Prepare the interface layer(s), if being used: <ul style="list-style-type: none"> • Wound/Skin Graft - Cut the interface layer to fit into the area requiring protection. 	An interface layer is not required for incisions or wounds with non-measurable depth as this layer is part of dressing. Grafts may need an interface layer as extra protection. For wounds with measurable depth (greater than 0.5cm), a non-adherent contact layer, (meshed non-antimicrobial or an antimicrobial (i.e., silver)), may be used as an interface to prevent an ingrowth of granulation tissue into the foam wound filler, to protect exposed tendon/bone or to provide an antimicrobial effect in the wound.
9. Prepare the wound filler(s), if needed: <ul style="list-style-type: none"> • For undermining/sinuses/tunnels, cut to fit one of the following: <ul style="list-style-type: none"> ○ PHMB woven gauze/ribbon packing ○ Antimicrobial ribbon e.g., Acticoat Flex • For the wound depth: cut to fit one of the following: <ul style="list-style-type: none"> ○ PICO black foam filler ○ PHMB woven gauze ○ Antimicrobial e.g., Acticoat Flex dressing 	Wounds with depth: <ul style="list-style-type: none"> ○ Less than 0.5 cm regardless of width, do not need a wound filler. ○ Greater than 0.5 cm but less than 2 cm and a narrow width will likely not require a wound filler. ○ Greater than 0.5 cm but less than 2 cm and a wide width will likely require an appropriate wound filler ○ Greater than 2 cm and less than 4.5 cm, regardless of width, require a wound filler. When cutting the wound filler(s) cut over the sterile field to ensure loose particles of foam/gauze are not retained in the wound bed.
10. Fill/pack the wound dead space: <ul style="list-style-type: none"> • For any undermining/sinuses/tunnels: <ul style="list-style-type: none"> ○ Lightly fill the space with the gauze/ribbon packing, leave a 1 - 2 cm tail ○ Keep the raw edges of the PHMB off of the wound bed. • For the wound bed depth: <ul style="list-style-type: none"> ○ Lay in the Interface layer if being used. I ○ Then place in the prepared wound filler • Count the numbers of interface layers/wound fillers used. 	Do not over pack gauze or foam. Where possible place the manufactured foam edge face down on the wound bed. Ensure all the pieces are in contact with each other to ensure even distribution of the negative pressure throughout the wound.
11. Apply the PICO 7/ PICO 14 dressing: <ul style="list-style-type: none"> • The dressing soft port needs to be placed on intact skin, either above the wound, or beside the wound. • Flexjoints to 15-30 degrees to support 	The soft port needs to sit on intact skin to prevent fluid pooling around the port opening and blocking the negative pressure.




Steps	Key Points
<p>The dressing application. Dressing border (not the pad) can be cut for ease of application.</p> <ul style="list-style-type: none"> • Peel off the dressing protective backing and apply the dressing centrally over the area. • Peel off the additional two backing pieces and gently smooth down the dressing edges. • Ensure an airtight seal by pressing the dressing edges into place. 	<p>Applying stretched film drape can lead to blistering over the peri-skin area.</p> <p>Ensure the dressing does not cover body orifices, stomas, or drain openings</p> <p>Ensure the dressing lies flat to the wound and surrounding skin.</p>
<p>11. Start the machine:</p> <ul style="list-style-type: none"> • For a new machine; insert the batteries, if not already done. • Connect the dressing tubing to the machine tubing or to the machine itself if desired. • Turn the machine ON by pressing/holding the orange Power button. 	<p>An alarm will sound if the canister/tubing connection is not secure.</p> <p>The green OK indicator and orange air leak indicator will start to flash together indicating that the pump working to establish therapy.</p> <p>Depending on the size of the wound, the pump should take up to 65 seconds to establish therapy. The pump may 'buzz' intermittently as it establishes the negative pressure.</p> <p>If after 65 seconds, the system has not established therapy, just the orange air leak indicator will flash. Check all the edges to seal any leaks.</p>
<p>12. Assess for the airtight seal:</p> <ul style="list-style-type: none"> • A green light will flash 'OK' when the machine is working and the dressing is airtight. • If the orange leak indicator is flashing, gently press down all the edges of the dressing to achieve a seal. If needed, the edges of dressing can be lifted and re-laid. • Once seal has been determined then apply 'fixation strips' to the edge of the dressing (window-pane), to maintain the airtight seal until the next dressing change. 	<p>The dressing should collapse within 65 seconds leaving a slightly wrinkled appearance, be firm to the touch; with no hissing sounds heard; if this is not the case, there may be a dressing leak or blockage. Ensure that the tubing connection is secure.</p> <div data-bbox="917 1186 1307 1302" style="text-align: center;"> <p>A continuously Green flashing light indicates machine is correctly</p> </div> <p>Dressing edges are silicone so can be lifted and laid down again.</p> <p>If obtaining a seal is still not obtained, see Managing PICO 7/ PICO 14 Alerts</p>
<p>13. Document on the dressing:</p> <ul style="list-style-type: none"> • Document the number of interface(s) and wound filler(s) on the dressing. The following coding system may be used, if helpful: <ul style="list-style-type: none"> ○ I for Interface ○ G for Gauze ○ B for Black Foam • Write the date on the machine. 	<p>Write the count on the dressing itself or on a piece of tape and apply to the dressing.</p> <p>Document the number of foam/gauze pieces after each dressing change to ensure that all dressing/wound filler(s) are removed during the next dressing change.</p>
<p>14. Clean up workspace:</p> <ul style="list-style-type: none"> • Discard the dressing tray. • Remove gloves and perform hand hygiene. 	

Steps	Key Points
15. Conduct the initial Safety Monitor Check: <ul style="list-style-type: none"> • Check the system from the dressing to the machine. • Determine if tubing is a falls risk, secure accordingly. • Assess the battery life. • Ensure machine is 10cm (4inches) away from any other medical machines. 	Use AA batteries to replace 'dead' batteries. Due to the magnet within the PICO7/ PICO 14 machine, there is the potential it to interfere with other medical machines, leading to severe harm or death.

Procedure: Removing NPWT PICO 7/PICO 14 Dressing (Dressing discontinued or in prep for Dressing Re-Application)	
Steps	Key Points
1. Review the Orders: <ul style="list-style-type: none"> • Read NPWT orders and overall care plan. 	
2. Prepare the client: <ul style="list-style-type: none"> • Assess client pain for appropriate medication(s) and allow time for the medication(s) to take effect. • Position the client for the procedure. 	The client undergoing NPWT may experience pain and anxiety. Provide pain management strategies, medications, and reassurance.
3. Set-up for dressing removal: Press/hold the orange Power button to turn the machine OFF.	Turning the NPWT machine OFF releases the suction and allows wound exudate to collect on the wound bed. This allows for easier removal of the wound fillers, decreasing trauma to new granulation tissue.
4. Pre-soak, if needed, wounds which have a black foam wound filler: Do a Normal Saline (NS) pre-soak or a pre-soak with Lidocaine 1% (without epinephrine) with, or followed by, the same amount of NS: <ul style="list-style-type: none"> • Prepare a 50-60 mL leur-lock syringe with the solution. • Slowly instill solution into the dressing; the dressing should budge slightly. If this does not occur, add more NS. 5. Cover the foam filler with gauze/ABD pad. Let the solution rest in the dressing for at least 30 minutes.	Pre-soak is not needed for incisions or skin grafts as black foam wound fillers are not used. Granulation tissue can grow into the black foam causing trauma when removed. Soaking the black foam will decrease the adhesion. If needed, Lidocaine may be used to decrease pain with removal. Use of Lidocaine 1% without epinephrine requires a Physician/NP order. See the document bookmark Lidocaine: Physician/NP Prescribing in the Guideline: Negative Pressure Wound Therapy (Reusable/ Disposable for Adults & Children) for dosage. The pre-soak method to be used, either as laid out here, or another method, is to be determined through consultation with Physician/NP/NSWOC/ Wound Clinician.
6. Remove the dressing: <ul style="list-style-type: none"> • At the non-port end of the dressing, anchor the dressing with one hand. • With the other hand gently stretch the dressing horizontally and slowly lift the dressing away from away the peri-skin. • If continuing to use same machine, then disconnect the dressing tubing from the machine tubing. 	A peeling motion can cause epidermal stripping and irritates the peri-skin and surrounding skin.

Steps	Key Points
7. Remove the wound filler(s)/interface, if used <ul style="list-style-type: none"> Using forceps start at the wound edge and gently remove the wound fillers from the wound bed. If needed, use NS to ease the removal. Verify and count that all the dressing piece(s) are removed. If count does not match the count done on insertion, inform ordering Physician/NP/NSWOC/Wound Clinician. 	Retained pieces/dressing can increase the risk of wound infection. The inserted/removed (in/out) counts of wound fillers and interface layers must match. A miscount needs to be reported in the Patient Safety Reporting system.
8. Remove gloves and perform hand hygiene.	
9. If changing the dressing within the 7-day or 14-day life of the machine, then see Procedure: Applying/ Reapplying the NPWT PICO 7/PICO 14 Dressing and connect the dressing to the existing machine. If machine has come to its last day or the NPWT has been discontinued, dress the wound/incision/skin graft as per orders.	Batteries and the machine should be recycled as electrical/electronic equipment.

Managing PICO 7/PICO 14 Alerts	
Alerts Displays	Monitor / Manage
Therapy Complete: <ul style="list-style-type: none"> After 7 or 14 days all indicator lights are OFF. 	
Low Suction <ul style="list-style-type: none"> The green OK and orange air leak indicators are flashing. This indicates that the machine is trying to gain a dressing seal. 	<ul style="list-style-type: none"> Wait 65 seconds. The pump may intermittently 'buzz' as it establishes the negative pressure, as long as the dressing is firm to touch and the green light is flashing, the system working correctly
Air Leak: <ul style="list-style-type: none"> The orange leak indicator is flashing. Therapy is not being applied. 	To correct an air leak: <ul style="list-style-type: none"> Ensure tubing connection is tight. Smooth out the dressing especially where the white dressing meets the border to remove any creases. Check for small lifts on the edge of the dressing and add fixation strips as needed. Ensure the soft port is sitting on the peri-wound skin to prevent fluid pooling/blocking the suction. Press/hold the orange button to restart the therapy; if the air leak is resolved, the green light will stay on. Depending on wound size, the pump may take up to 65 seconds to establish therapy. If the air leak is not resolved, then orange light will come back on; try again to seal the air leak. If unable to fix the leak, then apply alternate dressing as per order. Notify the Prescriber that the NPWT has been removed.

Alerts Displays	Monitor / Manage
<p>Dressing 'Full':</p> <ul style="list-style-type: none"> • Orange dressing full indicator is flashing meaning the dressing needs to be changed. 	<ul style="list-style-type: none"> • Dressing is saturated or filter is blocked. • Replace the dressing and restart the NPWT.
<p>Standby:</p> <ul style="list-style-type: none"> • All the indicator lights are OFF but the therapy has not completed its 7-day course. 	<ul style="list-style-type: none"> • Press/hold the orange Power button to restart the therapy. It takes 65 seconds for the machine to apply the NPWT • Check the batteries.
<p>Low Battery:</p> <ul style="list-style-type: none"> • The green OK and orange battery indicators are flashing; this means there is 24 hours or less, of battery life remaining. 	<p>To change the batteries:</p> <ul style="list-style-type: none"> • Press/hold the orange Power button to stop the therapy. • Remove battery cover and remove batteries. • Put in 2 new AA batteries and replace battery cover. • Press/hold the orange Power button to restart therapy.
<p>Machine Failure</p> <ul style="list-style-type: none"> • All indicator lights are solidly ON (no flashing). 	<ul style="list-style-type: none"> • Try pressing/holding the orange Power button to restart machine. • Try new batteries. • If new PICO 7 /PICO 14 dressing kit not available, then remove current dressing and apply alternative dressing as per order. Notify Physician/NP/ NSWOC/ Wound Clinician that NPWT dressing has been removed.
<p>Smith & Nephew Customer Service: Phone: 877 977-1772 only from 08:00-16:00 EST</p>	

Client Showering
<p>For clients with a closed incision or a skin graft, showering/tub bathing should wait until the PICO 7/PICO 14 dressing has been discontinued to avoid disturbing the dressing. Clients may have a sponge bath.</p> <p>For clients with a wound, clients can shower but not have a tub bath. The shower needs to be taken immediately prior to a scheduled dressing change and the shower time should be kept short.</p> <p>Gather the supplies: alcohol swab, (2) 2x2 gauze dressings and tape.</p> <ul style="list-style-type: none"> • Press/hold the orange Power button for several seconds to turn the machine "Off". • Wash hands. Don clean gloves. • Using the alcohol swab, cleanse the connection point of the dressing tubing and the machine for 30+seconds and allow to dry at least 30 seconds. • Disconnect the dressing tubing from machine. • Cover the end of the tubing with a 2x2 gauze and tape to keep it clean. • Place the machine where it will not get wet. • To avoid water getting into the tubing; ensure that the dressing tubing is positioned downward during the shower. • The dressing is waterproof but should not be exposed to direct shower spray. If necessary, cover with a plastic sheet and tape into place. • After showering: <ul style="list-style-type: none"> ○ Gently pat dry the dressing and tubing. ○ Reconnect the tubing to the machine. ○ Leave the machine OFF until the dressing is changed.

Transition/Discharge Planning Refer to [Guideline Negative Pressure Wound Therapy in Adults & Children](#)

- For transition between an acute site to another acute care site.
- For transition between an acute care site to community care.
- For transition between an acute care site to long-term care.
- For transition between a community care site or a long-term care site to an acute care site.

Client/Family Education and Resources

1. Acute Care:

- a. When NPWT is started, teach patient/family the rationale for and the underlying principles of NPWT, as well as, general information regarding the PICO 7 / PICO 14 machine being used.
- b. Prior to discharging the day-surgery client home:
 - Review the [Client Health Education Resource: NPWT PICO 7 Self Care](#) which outlines the frequently asked NPWT related questions and specific Prevena125 machine details e.g. the management of alerts/alarms, changing the canister to ensure that the client will be able to manage on their own at home.
- c. Prior to transition of care to Community (home/Ambulatory Care Clinic):
 - Review the [Client Health Education Resource: NPWT PICO 7/PICO 14 CHN](#) which outlines the frequently asked questions and specific PICO 7 / PICO 14 machine details e.g. the management of alerts/alarms, changing the canister.
 - Identify which method the patient is to use to manage an irreparable dressing leak and put together the client's Troubleshooting Supplies bag.

2. Community Care:

- a. When the client is transitioned from Acute Care with NPWT in place or when the NPWT is started at home/ambulatory clinic, teach/reinforce with client/family the rationale and underlying principles of NPWT, as well as, review the frequently asked questions and specific information regarding the PICO 7 /PICO 14 machine being used, e.g., the management of alerts/alarms, changing the canister; see [Client Health Education Resource: NPWT PICO 7/PICO 14 CHN](#).
 - Review/identify the method that the client is to use to manage an irreparable dressing leak. Ensure that client has a Troubleshooting Supplies bag.

3. Long Term Care:

- a. When the resident is received back from Acute Care with NPWT in place or when NPWT is started within the long-term care site, teach/reinforce with client/family the rationale for and the underlying principles of NPWT, as well as general information regarding the PICO 7 / PICO 14 machine.

Documentation

1. With each PICO 7 /PICO 14 NPWT dressing change, document on the appropriate paper or electronic documentation tool as per agency policy and include the following:
 - The full wound assessment
 - The numbers (#) of interface and wound filler packing pieces removed and replaced
 - Document the client's response to the dressing change.
2. Document NPWT clinical outcomes and care plan revisions as they occur.
3. For Acute Care & Long Term Care, document safety/monitoring checks on the [NPWT Safety/Monitoring Check Flow Sheet](#).
4. For Acute Care & Long Term Care, document canister fluid volume; use the Fluid Balance (In/Out) flow sheets as per unit policy.
5. Document client teaching provided on discharge and any supplies given to client and/or family on transition to the community setting.

6. If a PICO 7 / PICO 14 NPWT dressing is applied/changed in the Operating Room (OR), the following are documented in the OR record:
 - NPWT type: Open Wound, Closed Incision or Skin Graft
 - Number of pieces placed in/removed from the wound cavity by the surgeon.
 - Type(s) of pieces (black foam, gauze, interfaces) placed in/removed from the wound cavity by the surgeon.
7. Report NPWT adverse events in the Patient Safety Learning System, or report the safety event according to Health Authority or agency guidelines.

References/Bibliography

1. Refer to the [Negative Pressure Wound Therapy in Adults & Children Guideline](#) for the master list of references.
2. Smith & Nephew. (2018). *PICO 7 system: Quick reference guide*. Retrieved from <https://cms.possiblewithpico.com/files/pdfs/PCEE2-14182-0818PICO7QuickReferenceGuide.pdf>
3. Smith & Nephew. (2019). *Single use negative pressure wound therapy system*. Retrieved from <https://www.possiblewithpico.com/clinical-resources/ifu>

Document Creation

This guideline is based on the best information available at the time it was published and relies on evidence and avoids opinion-based statements where possible. It was developed by the Provincial Nursing Skin & Wound Committee and has undergone provincial stakeholder review.

Created By	British Columbia Provincial Nursing Skin & Wound Committee in collaboration with NSWOCs/ Wound Clinicians from across all Health Authorities.
Publication Date	October 2019
Revision Date(s)	November 2019, January 2020, May 2020, January 2021, August 2021
Review Date(s)	