Staff Member: _____ **Job Title:** _____

Start Date of Competency: _____ **Unit:** _____

This competency has been assigned to the staff member indicated above and must be completed as part of their assigned role. This competency may need to be renewed at a designated future date to ensure the staff member maintains their skill.

*The **Staff Member** will discuss with their Preceptor on their previous experiences and skills in establishing a plan and goals for successfully demonstrating their ability to meet the performance elements of the competency.*

*The **Preceptor** will discuss with the Staff Member the best approach to ensure their success in meeting the performance requirements for this competency. The **Preceptor** will date and initial each performance element when they validate that the Staff Member **has met the requirement of the element and can deliver this aspect of care without direct supervision.** The Preceptor should indicate in the Notes column any areas that the Staff Members should focus on to gain greater proficiency as they continue to develop. If the **Preceptor** has any concerns regarding the Staff Member's ability to meet the performance elements and successfully complete this policy, they should document their concerns on the Notes column and contact their **Supervisor** for direction.*

Applicable References & Policies:	• Organization Policy and Procedure

Performance Elements	Validation Method (Circle) **D** – Demonstrated **S** – Simulated **T** – Test **V** - Verbalized	Date Performance Element Met	Preceptor Initials	Notes
Knowledge **Staff member will know:** • Their responsibilities and accountability in relation to current policies and procedures applicable to negative pressure wound therapy including product manufacturer's instructions for use (IFU).	**D S T V**			
• The risks associated with NPWT.	**D S T V**			
• The effects of NPWT on patients.	**D S T V**			
• The current evidence-based practice related to NPWT.	**D S T V**			

Applicable to the following Accreditation Programs: (X) Hospital (X) Critical Access Hospital ( ) Behavioral Health (X) Ambulatory Care ( ) Office Based Surgery ( ) Disease Specific Certification ( ) Staffing Certification

Regulatory Information may change over time as healthcare expectations change. This document is current as of the date noted within this footer

Performance Elements	Validation Method (Circle) **D** – Demonstrated **S** – Simulated **T** – Test **V** - Verbalized	Date Performance Element Met	Preceptor Initials	Notes
• The anatomy and physiology relating to NPWT	**D S T V**			
• The indications for NPWT and the different systems available.	**D S T V**			
• The clinical rationale for the choice of NPWT system to use with different wound types.	**D S T V**			
• The required elements/components for a complete order for wound vac use.	**D S T V**			
• The possible complications/ adverse effects of NPWT and identifies appropriate actions to take should they occur.	**D S T V**			
• The importance of documenting the therapy on the appropriate care plan.	**D S T V**			
• Who to report adverse effects to outside their own sphere of competence.	**D S T V**			
Preparation for NPWT				
• Determines the individuals need for NPWT and the appropriate delivery system such as (INSERT NPWT PRODUCT NAMES USED WITHIN THE ORGANIZATION).	**D S T V**			
• Provides/reinforces patient education with relevant information on the NPWT system selected.	**D S T V**			
• Obtains informed consent as per organizational policy.	**D S T V**			
• Applies standard precautions for infection control and considers any health and safety issues.	**D S T V**			
• Assess for any risks to applying NPWT.	**D S T V**			
• If using a device with adjustable pressure settings demonstrates a knowledge of ○ continuous therapy ○ Intermittent therapy ○ pressure settings	**D S T V**			
Maintenance of NPWT System				
• Is able to locate the Manufacturer's Instructions for Use for the specific wound vacuum being used.	**D S T V**			

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Performance Elements	Validation Method (Circle) **D** – Demonstrated **S** – Simulated **T** – Test **V** - Verbalized	Date Performance Element Met	Preceptor Initials	Notes
• Ensures that the correct supplies are available.	**D S T V**			
• Demonstrates proper application of the wound vac in accordance with Manufacturer's Instructions for use	**D S T V**			
• Demonstrates proper wound undressing and redressing based upon manufacturer's instructions for use.	**D S T V**			
• Troubleshoots problems and resolves issues to continue the therapy if appropriate.	**D S T V**			
• Describe actions to take if: ○ Dressing not vacuuming down ○ Therapy has been off for an extended time ○ Frank blood present in the canister	**D S T V**			
• Assesses the effectiveness of the therapy on an ongoing basis.	**D S T V**			
• Discontinues the therapy if appropriate to do so.	**D S T V**			
• Demonstrates correct procedure for apply the dressing.	**D S T V**			
• Demonstrates correct procedure for changing a canister.	**D S T V**			
• Describes when to seek clinical advice and support from an appropriate colleague when events or risks are beyond their level of competence	**D S T V**			
Documentation				
• Documents in the medical record per policy including wound assessment and updating of the care plan.	**D S T V**			
Discharge Planning				
• Discuss what discharge planning must take place for patients being discharged with NPWT	**D S T V**			

I hereby attest that I have completed this assigned competency and feel confident in my ability to perform the listed performance elements. I understand that if I have any questions regarding my abilities to perform in my role that I am to contact my supervisor immediately.

Signature of Staff Member:_____ **Date:**_____

Signature of Preceptor: _____ **Date:** _____

Signature of Supervisor:_____ **Date:** _____

Notes: