

Sullivan County Department of Public Health

<u>Title:</u> Vacuum Assisted Wound Closure: Application of VAC	Original Approval: 9/19
<u>Number:</u> CP-30	Reviewed/ revised: 5/24
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Statement/ Purpose:

To provide guidance for the use of vacuum assisted wound closure devices

Authority:

Manufacturer’s Guidelines

Application:

SCDPH CHHA RNs

Terminology:

Responsible Party:

Training and Quality Improvement Coordinator

Cross-Reference:

Hand Hygiene, Photography/ Videography of Patients, Wound Measurement, Wound Documentation

Procedure:

1. Confirm provider’s order.
2. Explain the procedure to the patient and/or caregiver.
3. Gather supplies.
4. Perform hand hygiene.
5. Don non-sterile gloves
6. Turn the vacuum to “therapy off” and turn the pump power button off.
7. Detach tubing and clamp both sides.
8. Gently remove old VAC dressing. Irrigate with normal saline solution (NSS) as you remove the foam, if needed.
9. Cleanse the wound.
 - a. Irrigate all surfaces with NSS thoroughly.
 - b. Gently dab all areas with sterile 4x4s to remove excess moisture.
 - c. Consider irrigation kit for deep, undermining or tracking/ tunneling wounds.
10. Select VAC dressing to fill entire wound cavity.
11. Cut the VAC foam dressing to fit the size and shape of the wound.
 - a. Tunneling and undermining should be placed first
 - b. The entire wound surface should be covered
 - c. Dressing should not cover health/ intact skin.
12. Apply skin prep to the healthy skin around the wound.

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13. Considering using several small strips of bio-occlusive film to hold the dressing in place before covering the entire dressing with one large piece of film.
14. Cut a piece of bio-occlusive dressing large enough to cover the wound and approximately 2 inches of the peri-wound skin.
15. Apply the bio-occlusive dressing over this area, extending to the peri-wound skin. Press all around wound to ensure a seal.
16. Cut a 2cm hole in the drape.
17. Apply the T.R.A.C. pad opening directly over the hole in the drape. Do not cut off the T.R.A.C. pad or bury the tubing into the foam. Avoid positioning the tubing directly over bony prominences. Apply gentle pressure around the T.R.A.C. pad to ensure complete adhesion.
18. Using a marker, write on the drape the number of foam pieces used during the dressing application.
19. Turn therapy on.
 - a. Press the on/off button
 - b. Press the therapy button on the touch screen
 - c. Make sure the dressing compresses without any leaks.
 - d. Observe the therapy system touch screen to ensure target pressure is reached.
20. If air leak occurs:
 - a. Gently press around any wrinkles in the drape to improve the seal.
 - b. Use excess bio-occlusive dressing to “patch” any identified leaks.
21. If two wounds are not in close proximity or have different pathologies, they may be treated on the same patient using a “Y” connector.
22. If two wounds are in close proximity and have the same pathology, they can be “bridged”.
 - a. Bridge wounds by placing bio-occlusive dressing between the wounds. Then place a piece of black sponge over the bio-occlusive so that it is in contact with the black sponges in each wound.
23. Remove gloves, perform hand hygiene.
24. Document wound measures and photos per agency policy.
25. Notify provider of any complications or signs of infection.
26. If you are unable to troubleshoot issues or have questions, notify your immediate supervisor.