## **Competency Checklist: Negative Pressure Wound Therapy (NPWT)**

Date:	
Nurse's Name:	
Evaluator's Name:	
Competency:	Negative Pressure Wound Therapy

## **Indicators of Performance Level Summary**

How Met			Level of Competency
L	Review Labs 1 Below Exp		Below Expected Standards
V	Verbalization/Discussion	2	Fully Meets Standards
Т	Test	3	Well Above Standards
D	Demonstration		

The Nurse demonstrates skills and competence in the following:		Level of Competency 1 2 3			су	Evaluated by:
Wound Identification						
Identifies which types of wounds are appropriate for NPWT						
Identifies contraindications for NPWT						
NPWT parameters						
Describes appropriate frequency of dressing changes						
Describes safe pressure range for NPWT						
Describes difference between continuous and intermittent therapy						
Describes different types of packing; gauze vs. foam						
Treatment						
Demonstrate complete NPWT dressing change						
Demonstrate how to assess for tunneling						
State importance of removing all packing material from wound bed						
Describe how to appropriately apply packing to tunnels and undermined areas						
Documentation						
Type, color, and amount, of any drainage in the NPWT collection chamber						
Description of wound bed (use clock to describe location of tunnels)						
Wound measurements						
Condition of surrounding skin including wound edges						
Type of packing used and how many pieces if applicable						
Pressure range and integrity of dressing once device turned on						