



## CLINICAL GUIDELINE

# Single use Negative Pressure Wound Therapy (sNPWT)

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

|  |   |
|--|---|
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### Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

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## INTRODUCTION

This prescribing guideline has been developed by a Short Life Working Group on behalf of the NHSGGC Non Medicines Utilisation Sub Committee of the Area Drugs and Therapeutics Committee to support safe and cost effective prescribing in primary care.

The clinician prescribing and/or managing the patient treated with **single Use Negative Pressure Wound Therapy (sNPWT)** should be competent in assessing suitability, application and ongoing management of the patient, in their care.

This guideline highlights where sNPWT can be considered for chronic wounds which have been managed with standard wound therapy, but have demonstrated less than 10% per week wound area reduction in size over a four week period; advice is also provided on when to stop therapy when success has been achieved, if the wound has been a "good responder"; or when a "non-responder" with a need to stop sNPWT and review the care plan; and the prophylactic one week therapy role for patients at high risk of post op dehiscence or as preparation for further surgical intervention.

The sNPWT device provides an alternative to wound management dressing products and is complementary to mechanical Negative Pressure Wound Therapy (NPWT). When considering cost effectiveness of sNPWT and patient centred care, the clinician should take into account the potential reduced number of clinical interventions, required over duration of therapy to achieve wound progression, compared to standard wound formulary products. It is therefore essential when initiating therapy to consider if its use demonstrates safe, cost effective and positive patient outcomes. Choice between mechanical NPWT, standard wound dressing products and sNPWT is based on a number of considerations, including: wound size; exudate level; depth and location of wound and patient preference. Choice should be kept as straightforward as possible and individualised to the patient.

Depending on wound type and status, the duration of use of sNPWT does not in general exceed 14 days for management of wounds or 7 days for prophylaxis. For this reason, only prescribe required 7 or 14 day sNPWT kit, for intended treatment duration and reassess for suitability to meet patient needs. Wound progression would be expected to become apparent within one week or two dressing changes.

To optimise the efficacy of sNPWT, ensure best use of resources and reduce risk of prolonged healing time, the wound bed should be prepared for healing with removal of slough, necrosis and management of infection prior to commencement of therapy.

This guideline should be used in conjunction with NHS GGC Wound Formulary, Compression Therapy Formulary and additional wound product prescribing guidance [HERE](#)

If clinicians wish to evaluate a particular sNPWT they should contact the Non Medicines Utilisation Sub Committee to support future resource management and sharing of best practice [HERE](#)

## BACKGROUND

- The **sNPWT** works on the same principals as the mechanical NPWT powered device promoting granulation, perfusion, contraction and exudate management at the wound bed. [HERE](#)
- The sNPWT utilises a single use battery powered pack, which is significantly smaller, “pocket sized” and portable and can be more acceptable for patients in primary care than mechanical devices.
- The range of **sNPWT** devices currently available can accommodate varying volumes of exudate, with shaped dressings of various sizes to accommodate a range of wound sizes and sites (appendices one and two). Some sNPWT types have different mechanism of achieving therapeutic levels at the wound bed and capacity of exudate management compared to mechanical NPWT. This must be considered prior to initiation to minimise number of dressing changes over the course of treatment and ensure cost effectiveness. (see appendices for preferred NHSGGC choice)
- As with all advanced therapies the evidence to support when to start, duration of use and when to stop is often limited, the guidance provided is based on the best available evidence. (Refer to section on Time to Stop. page9.)
- The guidance in this document should be used with clinical judgement based on the best available evidence to reduce risk of harm, waste and variations in practice.

*It is important to note that Cautions and Contraindications are the same regardless if the delivery of NPWT is by the single or mechanical powered device.*

## CONTRAINDICATIONS

### Wound bed:

| Contraindications                              | Increased Risk   |
|--|--|
| Non-enteric and unexplored fistulas            | Bowel perforation  |
| Direct placement over exposed vital structures | Damage to underlying structures e.g. blood vessels, organs, anastomotic sites, nerves. |
| Circumferential wounds                         | Restricting blood flow   |
| Active bleeding or difficult wound haemostasis | Haemorrhage  |

## CAUTIONS/CONSIDERATIONS

In presence of cautions/further considerations; address underlying cause if possible and reassess to establish whether sNPWT remains preferred treatment choice and/or seek medical advice prior to commencing therapy.

| Cautions/further considerations   | Rationale  |
|---|--|
| Presence of slough and necrosis   | Debride wound to achieve maximum exposure of wound bed prior to applying sNPWT (Table 2)   |
| Wounds with overt signs of infection <a href="#">HERE</a> .   | Patient may require systemic antibiotics during or prior to application of sNPWT   |
| Malignant wound (on medical advice only)  | Although previous research cited has been on healthy tissue; it is suggested that NPWT should not be discounted in malignant wounds. (Cai, Gowda, Alexander et al (2017)   |
| Patients prescribed anticoagulation medication for bleeding disorder such as haemophilia or requirement for anticoagulant therapy for underlying medical condition.   | Medication such as Direct Oral Anticoagulants, warfarin, Low Molecular Weight Heparin and aspirin or 'Over the Counter' medication may affect coagulation and increase risk of bleeding. (seek medical or anticoagulant specialist nurse advice)   |
| Patients receiving MRI, hyperbaric chamber therapy, cardio version/ defibrillation  | Disconnect battery pack during procedure and check to ensure negative pressure is achieved when reconnected and there is no evidence of leakage.   |
| Patients with implantable medical devices such as cardiac rhythm management devices.<br><br>Further information for patients and clinicians on safety when using batteries with magnets with current formulary choice (courtesy of Smith and Nephew) <a href="#">HERE</a> | Patients/carers should be advised that sNPWT Pico® battery pack should be positioned at least 10cm from devices such as pacemaker, implantable cardioverter defibrillator; similar to advice provided to patients with regard to mobile phones etc.<br><br><a href="#">FAQs Pacemaker implantation</a> |

## **PATIENT CONSIDERATIONS**

### **Prior to initiation of sNPWT**

- The treatment goal should be defined and agreed with the patient
- Following discussion, patient expresses sNPWT in preference to standard dressing choices or mechanical NPWT [HERE](#)
- Patient is motivated and wishes to be involved in care plan
- Patient can troubleshoot (e.g. know how to check for leaks, reset, remove and apply standard dressing if necessary), and/or;
- Carers are able to support patient if required

### **Following application the patient should be able to report that:**

- Dressing is comfortable, conformable and remains in place
- There has been minimal need to check and reset negative pressure between dressing changes
- If applicable dressing changes are minimised compared to previous treatment choices
- They can demonstrate ability to troubleshoot
- They have ability to detach and reattach powered pack for showering
- Carer can support patient if appropriate

## MOST COMMON WOUND TYPES SUITABLE FOR sNPWT (Table one)

The most common wound types which may benefit from sNPWT are those which are perceived as chronic hard to heal or complex, with wound areas which have reduced in size less than 10% per week over previous four weeks. (Refer to Time to Stop Section and Dowsett et al (2017) further information at end of guideline)

**Table One: wound types suitable for sNPWT**

| Common wound types                                   | Additional considerations/rationale for use on specific wound types following wound bed preparation  |
|--|--|
| Diabetic foot ulcer                                  | To promote granulation and wound closure following surgery or wounds healing by secondary intention, when wound bed has been prepared for healing.   |
| Dehisced surgical or trauma wounds                   | To promote wound closure.<br>Can be considered under medical guidance if wound closure is required prior to commencement of radiotherapy/chemotherapy treatment.   |
| Closed incision wounds prophylactic 7 day treatment) | The ciNPWT is applied in theatre on incision wounds or skin grafts in high risk patients e.g. high BMI, poor perfusion, reduce risk of infection, seroma, haematoma, local skin ischaemia.<br>The therapy is left in situ for seven days and then discontinued. Clear evidence and recommendations are still required for ciNPWT for high risk of post op dehiscence or as preparation for further surgical intervention. (Expert Panel Consensus 2022). |
| Pressure ulcer grade 3 or 4 (EPUAP)                  | Patient discharged from in-patient care with powered NPWT and exudate level < 300mls per week allowing for switch to sNPWT.  |
| Venous leg ulcer                                     | Can be considered under compression therapy for complex leg ulcers due to chronic venous insufficiency to promote wound progression.   |
| Palliative management of symptoms at end of life     | Can be considered if patient, carer and palliative care team, agree that the device may reduce need for frequent dressing changes and/or relieve symptoms e.g. exudate, odour, pain. (see under cautions)  |

## WOUND BED PREPARATION PRIOR TO INITIATION of sNPWT

Prior to initiation of sNPWT consider some of the factors at the wound bed which may result in barriers to healing or prevent maximum interaction between wound interface and NPWT. (Table two)

Wound bed preparation prior to use of therapy will promote safe, cost effective use of device which should support timely and positive patient and wound outcomes.

**Table 2: Wound bed preparation prior to commencement of sNPWT**

| <b>Preparation of wound bed prior to and during therapy</b>  | <b>Rationale for preparation of wound bed to ensure safe, cost effective use of device</b>   |
|--|--|
| <ol style="list-style-type: none"> <li>1. All wounds should be debrided to remove slough and necrosis from wound bed.</li> <li>2. Treat infection/biofilm formation prior to use</li> <li>3. Exposed tendon or bone. There is a risk of dehydrating exposed tendon or bone if used on a wound bed with minimal exudate.</li> <li>4. Cavity wounds</li> </ol> | <ol style="list-style-type: none"> <li>1. sNPWT is not a recognised debridement tool. To use as such may prolong time to expose granulating wound bed and delay therapeutic action of sNPWT</li> <li>2. Presence of infection/biofilm will increase the need for frequent dressing changes to assess and cleanse wound bed</li> <li>3. To reduce risk the addition of a silicone dressing layer on the wound bed has been used to protect wound bed. However, this provides an additional layer between the wound bed and reduces efficacy of sNPWT by up to 30%. Clinical judgement is required to ensure that perceived benefits of adding additional contact layer outweighs any undesirable "side effects". Consider this against other treatment modalities.</li> <li>4. If cavity dressings are used; ensure these are compatible with the therapeutic surface of negative pressure pad.<br/><br/>Kerlix™ gauze or specially designed insert dressings for this purpose are the only products compatible with sNPWT to fill larger cavities. (Appendix one). These will not be required with surface and shallow wounds. In deeper wounds with narrow channels filler may act as a "splint" and hinder closure and should be used with caution.</li> </ol> |
| <p>Best practice with all wound products is to maximise coverage with the wound bed, to ensure optimum interaction between the wound bed and the contact dressing layer, with even distribution of negative pressure.</p>  |  |



## **RESPONSIBILITY and CONSIDERATIONS TO BE MADE BY THE CLINICIAN PRESCRIBING/ADMINISTERING sNPWT**

### **Patient safety/Realistic Medicine**

“All healthcare professionals (HCP) who can prescribe or are administering prescribed products are subject to: their individual clinical competence; the professional codes and ethics of their statutory bodies; and the prescribing policies of their employers.” (MHRA, 2009). Prior to initiating sNPWT, the HCP should be satisfied that this will provide the safest most cost effective method of treatment; that all members of the patient’s multi-disciplinary care team have been included in care plan; which support the principles of "[Personalising Realistic Medicines](#)"

### **Prescribing to support patient centred care and reduce risk of waste**

- Prescribe appropriate amount of products for one or two week use in first instance; 7 or 14 day kit, dressing packs etc.). If longer required, only prescribe sufficient for two week challenges at a time with review
- Refer to Time to Stop below; Appendix 1 for ordering codes and sizes; and to appropriate specialists, if further consultation or advice is required or if prolonged use is indicated.
- Ensure therapy is not continued for prolonged period of time which exceeds therapeutic potential (refer to Time to stop below).

### **Time to stop therapy (edited from Dowsett et al 2017, Pico® Pathway)**

- Wound progression: when the wound has granulated level with surrounding skin; contraction of the wound bed and epithelialisation is evident; and/or the initial goals defined at the outset of single use NPWT have been met
- Wounds reduced in area by greater than 40% within two weeks i.e. “good responder” may have therapy discontinued (can reinstate if wound healing rate stalls if appropriate)
- A “non responder” wound reduced in area <5% at week two; 7.5% at week three; 10% by week four, the wound requires further investigation.
- Exudate has diminished sufficiently to allow for a standard dressing or below 20-30mls a day.
- Frank pus and/or blood evident within the dressing or canister – reassess wound
- Incision wounds – therapy will be commenced in theatre and dressing left undisturbed for one week and thereafter discontinued. There should not be a need to prescribe additional sNPWT

### **Additional reasons to stop therapy**

- Patient is returning to theatre for further surgical intervention (tertiary closure of wound) or medical intervention (radio or chemotherapy)
- Risk factors increased e.g. bleeding, infection, exposed tendon or bone is dehydrating (should be pearly white shiny in appearance)
- Patient choice and withdraws consent
- Patient is not physically or psychologically tolerant of NPWT

**Any adverse effects should be reported on Datix and MHRA (yellow card)**  
<https://yellowcard.mhra.gov.uk/>

## Evaluation or considering use of alternative sNPWT

The current preferred formulary choice **Pico® sNPWT** fulfills the following criteria; if evaluation or use of an off formulary device is being considered clinicians should submit request to NMUS after considering the following factors [HERE](#):

### Device power pack

- Is there evidence to support use of device and ability to sustain therapeutic levels of negative pressure across wound bed?
- What type of alarm function does the device have and will it suit the individual patient sensory needs if there is leakage or undetected loss of pressure i.e. is alarm function: visual/ auditory/vibratory or all three?
- What is the life span of the power pack?

### Dressing characteristics

- Does the dressing pad conform to area you wish to treat?
- Are there a range of sizes and shapes of dressings to provide therapy over course of treatment?
- How much exudate does a single dressing manage – this will indicate number of dressing changes required per week? Wound dressing changes should not exceed x 2 weekly
- Will there be a need for additional accessories e.g. silicone strips. Are accessories provided in the pack or do they have to be prescribed separately?

### For further information refer to Smith and Nephew:

- [PICO® Instructions for use and additional information for healthcare professionals](#)
- [PICO 7® System Quick Reference Guide](#)
- [PICO 14® Quick Reference Guide](#)
- [PICO® Patient Information](#)

## SIMPLE Summary considerations:

When managing a patient with sNPWT it is essential to provide regular ongoing review to ensure treatment goals are being met and patient centred care is achieved. (Table three)

**Table Three: SIMPLE acronym considerations for sNPWT**

| <b>SIMPLE</b>            | <b>Product suitability:</b>   |
|--------------------------|---|
| <b>Safe</b>              | Have you checked cautions and contraindications?<br>Have you reviewed manufacturers' evidence to ensure appropriate use   |
| <b>Indicated</b>         | Check wound type and assess wound bed, patient circumstances: In your clinical opinion is sNPWT the most effective choice of treatment to progress the wound to healing?  |
| <b>Measurable</b>        | Considered effective if the wound progressing to healing and reducing in size and exudate as expected.<br>Wear time is optimised: Over a two week period is the product proving cost effective compared to alternative wound products, taking into account wound progression and number of interventions required?<br>Prescribing activity is monitored via Prisms data |
| <b>Patient advantage</b> | Does the patient finds the device, comfortable, stays in place conformable and user friendly?<br>Can the patient report ability to carry out activities of daily living, work and socialise. Does it promote patient wellbeing and they report that they can manage the device and are in control.  |
| <b>Longevity</b>         | Has the dressing achieved the expected wear time?<br>If there a need for frequent dressing changes outwith expected time; review wound, product choice and patient issues.  |
| <b>End Point</b>         | When treatment goals are met (Time to Stop)<br>The wound has contracted and reduced in size, level with surrounding skin, and/or exudate is below 30mls per day;<br><u>OR</u><br>Any adverse effects, patient choice, limited wound progression which will require treatment choice review. (Time to Stop).   |

APPENDIX ONE:

**Prescribing information community:** [Scottish Drug Tariff, Part 2 \(DT\)](#)

**Current NHS GGC formulary preferred choice for Single Use Negative Pressure Wound Therapy:**

**PICO 7 KIT® Smith and Nephew**

| <b>PICO 7 dressing kit®</b> (contains two dressings, adhesive retention strips, 7 day battery pack) |                           |  |
|---|---------------------------|--|
| <b>Two dressings per kit</b>  | <b>New PICO7 PIP code</b> | <b>DT Price (£)<br/>(correct at time of print)</b> |
| 10cm x 20cm   | 407-4514                  | £133.06  |
| 10cm x 30cm   | 407-4506                  | £132.39  |
| 15cmx15cm   | 407-4100                  | £132.39  |
| 10cm x 40cm   | 407-4522                  | £152.56  |
| 15cm x 20cm   | 407-4530                  | £132.39  |
| 15cm x 30cm   | 407-4480                  | £152.56  |
| 20cmx20cm   | 407-4498                  | £152.56  |
| 25cmx25cm   | 407-5123                  | £152.56  |
| Small 15cm x 20cm Multisite   | 407-5214                  | £131.80  |
| Large 20cm x 25cm Multisite   | 406-5206                  | £151.21  |

**PICO 14 KIT® Smith & Nephew**

| <b>Pico 14 dressing kit®</b> (contains two dressings, adhesive retention strips, 14 day battery pack) |                          |  |
|---|--------------------------|--|
| <b>Dressing sizes</b>   | <b>Pico 14® PIP Code</b> | <b>DT Price (correct at time of print)</b> |
| <b>10cm x 20cm</b>  | <b>415-5214</b>          | <b>£201.17</b>                             |
| <b>10cm x 30cm</b>  | <b>415-5222</b>          | <b>£201.17</b>                             |
| <b>15cm x 15cm</b>  | <b>415-5248</b>          | <b>£201.17</b>                             |
| <b>10cm x 40cm</b>  | <b>415-5230</b>          | <b>£201.17</b>                             |
| <b>15cm x 20cm</b>  | <b>415-5255</b>          | <b>£201.17</b>                             |
| <b>15cm x 30cm</b>  | <b>415-5263</b>          | <b>£201.17</b>                             |
| <b>20cm x 20cm</b>  | <b>415-5271</b>          | <b>£201.17</b>                             |
| <b>25cm x 25cm</b>  | <b>415-5289</b>          | <b>£201.17</b>                             |
| <b>Small 15cm x 20cm Multisite</b>  | <b>415-5479</b>          | <b>£196.00</b>                             |
| <b>Large 20cm x 25cm Multisite</b>  | <b>415-5487</b>          | <b>£196.00</b>                             |

## **sNPWT Accessories Community (Drug Tariff)**

### **Additional dressings for Pico 7 & 14®**

| <b>MULTIPACK DRESSINGS</b>  | <b>PIP code</b> | <b>DT Price each<br/>(correct at<br/>time of print)</b> |
|-----------------------------|-----------------|---|
| Multisite small 15cm x 20cm | 407-5222        | £38.95  |
| Multisite large 20cm x 25cm | 407-5230        | £61.97  |
| 10cm x 20cm                 | 407-6006        | £17.70  |
| 10cm x 30cm                 | 407-5743        | £24.79  |
| 10cm x 40cm                 | 407-5768        | £33.05  |
| 15cm x 15cm                 | 407-5792        | £17.70  |
| 15cm x 20cm                 | 407-5776        | £25.97  |
| 15cm x 30cm                 | 407-5826        | £28.33  |
| 20cm x 20cm                 | 407-5818        | £33.05  |
| 25cm x 25cm                 | 407-5800        | £51.65  |

| <b>Filler for cavity wounds</b> | <b>Size</b>       | <b>DT Price<br/>(correct at<br/>time of print)</b> |
|---------------------------------|-------------------|--|
| Gauze filler (Kerlix AMD)       | 11.4cm x 3.7m     | £1.66 (pack of 5)                                  |
| Gauze Filler (Kerlix AMD)       | 15.2cm x 17.1 cm  | £0.72 (pack of 2)                                  |
| Gauze Filler (Kerlix AMD)       | 15.2cm x 17.1cm   | £1.80 (pack of 5)                                  |
| Foam wound dressing             | 10 x 12.5 x 1.5cm | £8.21 (single pack)                                |

**APPENDIX TWO:**

**Acute care**

**Ordering information - Procurement PECOS route**

**Current Preferred NHS GGC choice: PICO 7® sNPWT Smith & Nephew (S & N)**

| Pico 7® one dressing kit      |                  | Pico 7® two dressing kit     |                  |
|-------------------------------|------------------|------------------------------|------------------|
| Dressing sizes                | S & N order code | Dressing sizes               | S & N order code |
| Multisite small<br>15cm x20cm | 66802010         | Multisite small<br>15 x 20cm | 66802000         |
| Multisite large<br>20 x 25cm  | 66802011         | Multisite large<br>20 x 25cm | 66802001         |
| 10 x 20cm                     | 66802012         | 10 x 20cm                    | 66802002         |
| 10 x 30cm                     | 66802013         | 10 x 30cm                    | 66802003         |
| 10 x 40cm                     | 66802014         | 10 x 40cm                    | 66802004         |
| 15 x 15cm                     | 66802015         | 15 x 15cm                    | 66802005         |
| 15 x 20cm                     | 66802016         | 15 x 20cm                    | 66802006         |
| 15 x 30cm                     | 66802017         | 15 x 30cm                    | 66802007         |
| 20 x 20 cm                    | 66802018         | 20 x 20 cm                   | 66802008         |
| 25 x 25cm                     | 66802019         | 25 x 25cm                    | 66802009         |

**Accessories multipacks available via procurement (PECOS)**

| MULTIPACK DRESSINGS         | S & N Order Code |
|-----------------------------|------------------|
| Multisite small 15cm x 20cm | 66802020         |
| Multisite large 20cm x 25cm | 66802021         |
| 10cm x 20cm                 | 66802022         |
| 10cm x 30cm                 | 66802023         |
| 10cm x 40cm                 | 66802024         |
| 15cm x 15cm                 | 66802025         |
| 15cm x 20cm                 | 66802026         |
| 15cm x 30cm                 | 66802027         |
| 20cm x 20cm                 | 66802028         |
| 25cm x 25cm                 | 66802029         |

*Nb PICO 14 kits® are not available via procurement (PECOS) route*

## Further references

- Banasiewicz et al (2019) Traditional and single use NPWT: when to use and how to decide on the appropriate use? Recommendations of an expert panel. *Wounds International* Vol 10, No 3: pp 56-62
- Cai SS, Gowda AU, Alexander RH, Silverman RP, Goldberg NH, Rasko YM. Use of negative pressure wound therapy on malignant wounds - a case report and review of literature. *Int Wound J.* 2017 Aug;14(4):661-665. doi: 10.1111/iwj.12665. Epub 2016 Oct 3. PMID: 27696723; PMCID: PMC7949817.
- Silverman, Apostolides, Chatterjee et al (2022) the use of closed incision negative pressure therapy for incision and surrounding soft tissue management: Expert panel consensus recommendations. *International Wound Journal* (2022, Mar) 19(3):643-655 accessed 14.6.2022
- Cochrane (2018) Negative pressure wound therapy for treating foot wounds in people with diabetes mellitus. [https://www.cochrane.org/CD010318/WOUNDS\\_negative-pressure-wound-therapy-treating-foot-wounds-people-diabetes-mellitus](https://www.cochrane.org/CD010318/WOUNDS_negative-pressure-wound-therapy-treating-foot-wounds-people-diabetes-mellitus)
- Dowsett C. (2015) Breaking the cycle of hard-to-heal wounds: balancing cost and care. *Wounds Int.*; 6(2):1-6
- Dowsett C et al (2017) Use of Pico to improve clinical and economic outcomes in hard- to- heal- wounds. *Wounds International.* 8(2); 53-58 [www.woundinternational.com](http://www.woundinternational.com)
- [Expert Panel Consensus: The use of closed incision negative pressure therapy for incision and surrounding soft tissue management: Expert panel consensus recommendations \(wiley.com\)](https://pubmed.ncbi.nlm.nih.gov/34382335/)  
<https://pubmed.ncbi.nlm.nih.gov/34382335/>
- Health & Care Professions Council (HCPC)  
[http://www.hpc-uk.org/assets/documents/100000DBBStandards\\_of\\_Proficiency\\_Chiropractors.pdf](http://www.hpc-uk.org/assets/documents/100000DBBStandards_of_Proficiency_Chiropractors.pdf)
- Health Improvement Scotland, HTA Report 12: Topical negative pressure therapy for wounds. August 2010.  
[http://www.healthcareimprovementscotland.org/previous\\_resources/hta\\_report/hta\\_12.aspx](http://www.healthcareimprovementscotland.org/previous_resources/hta_report/hta_12.aspx) Accessed April 2017
- Health Improvement Scotland (2013) Management of Diabetes SIGN 116 Section 11.5.5 <http://www.sign.ac.uk/assets/sign116.pdf>. Accessed June 2017
- Hospital Home Health (2010). Deaths, injuries associated with negative pressure wound therapy. *Hospital Home Health* 27(3); 25-36
- Hyldeg N, Birke-Sorensen H, Kruse M, *et al.* (2016) Meta-analysis of negative-pressure wound therapy for closed surgical incisions. *Br J Surg.*; 103(5):477-486.
- MHRA (Yellow card) link adverse incidents. <https://yellowcard.mhra.gov.uk/>
- NHS PresQUIPP (2016) Wound Care – Negative Pressure wound therapy Bulletin 131. NHS Quality Improvement <https://www.prescquipp.info/wound-care-negative-pressure-wound-therapy/send/268-wound-care-negative-pressure-wound-therapy/2583-bulletin-131-negative-pressure-wound-therapy>
- National Prescribing Centre (2012) A single competency framework for all prescribers.  
[https://www.associationforprescribers.org.uk/images/Single\\_Comp competency\\_Framework.pdf](https://www.associationforprescribers.org.uk/images/Single_Comp competency_Framework.pdf)
- NICE (2019) PICO negative pressure wound dressings for closed surgical incisions Medical technologies guidance Published: 9 May 2019  
<https://www.nice.org.uk/guidance/mtg43/resources/pico-negative-pressure-wound-dressings-for-closed-surgical-incisions-pdf-64372054098373> accessed 14.6.22
- NHS GGC Non-medicines Formularies (accessed August 2019) <http://www.ggcprescribing.org.uk/non-medicines-formularies/>
- Nursing & Midwifery Standards for competence for registered nurses (2016)  
<https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-competence-for-registered-nurses.pdf> accessed 27.6.17
- Scottish Adapted European Pressure Ulcer Advisory Panel (EPUAP) Grading Tool. (January 2014)  
[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)
- The Clinical Services Journal (April 2015) Reducing C-section wound complications. Open Access: <http://www.clinicalservicesjournal.com/csj-archive>
- [Scottish Drug Tariff accessed August 2022 https://www.isdscotland.org/health-topics/prescribing-and-medicines/scottish-drug-tariff/Docs/2022/2022-09-SDT-PART-2.pdf](https://www.isdscotland.org/health-topics/prescribing-and-medicines/scottish-drug-tariff/Docs/2022/2022-09-SDT-PART-2.pdf)
- Vig S, Dowsett C, Berg L, et al. (2011) Evidence-based recommendations for the use of Negative Pressure Wound Therapy in chronic wounds: steps towards an international consensus. *J Tissue Viability*; 20 Supplement 1:S1-18