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## Wound VAC

The Wound VAC is indicated for patients who would benefit from a subatmospheric pressure feedback device in the promotion of wound healing. This includes patients who would benefit from vacuum assisted drainage and removal of infectious material or other fluids from wounds under the influence of continuous and/or intermittent subatmospheric pressure. VAC therapy is indicated for the following wound types: acute, subacute, chronic, traumatic, dehisced wounds, diabetic ulcers, pressure ulcers, flaps, and grafts.

### PURPOSE:

The purpose is to provide guidelines for nursing responsibilities for use of the Wound VAC.

### POLICY

1. RNs and LPNs may perform the following functions on the Wound VAC after proper inservice training and documented competency.
2. Nursing responsibilities include primarily three functions: 1) changing the canister, 2) wound assessment and 3) troubleshooting the Wound VAC System.

### Responsible

#### Party

#### Action

#### Rationale

#### MD

1. The physician may apply the Wound VAC or write an order for the insertion and use of the Wound VAC. The Wound VAC and supplies may be obtained from CMS. The physician will be responsible for performing Wound VAC dressing changes unless an order is written for Physical Therapy to change the Wound VAC. The Physical Therapist will primarily serve as a consultant providing advice to the physician on appropriate wound management strategies.

#### RN, RN Applicant, LPN

#### Changing the Canister

2. Change the canister when full (unit will alarm) or at least weekly.

2. If the canister is full, the unit will alarm. A full canister occurs about once every three to five days. The canisters should be changed as recommended to control odor.

3. Assemble supplies. Wash hands. Don clean gloves. Wear a cover gown if splashing may occur when the tubing is disconnected. Use standard precautions to change canister.

3. The system may contain body fluids.

**Responsible**

**Party**

**RN,**

**RN Applicant,**

**LPN**

**Action**

**Rationale**

4. To remove canister, turn therapy off.

5. Close clamps on both sides of tubing.

6. To disconnect the dressing tubing from the canister tubing, twist the tubing connectors counterclockwise.

7. Press the Canister Release button (clear button on the front right of the machine). Lift to remove canister.

8. Dispose of canister in contaminated trash.

9. To install canister, slide the canister into the right side of the therapy unit and push canister firmly into place.

10. To connect the dressing tubing to the canister tubing, push the tubing connectors together and twist clockwise.

11. Open clamps on both sides of the tubing before turning therapy on.

12. Place the VAC unit on a level surface or hang the unit from the footboard.

12. VAC unit will alarm and will deactivate the therapy if the unit is tilted beyond 45 degrees. Once righted the unit will resume therapy after approximately 1 minute. Push alarm button to stop alarm sound and monitor until VAC resumes its pressure setting.

**RN, RN  
Applicant,  
LPN**

13. Press therapy On/Off button to activate subatmospheric pressure therapy. (*the VAC system should collapse in less than one minute unless leaks are present*)

14. If a leak is present press gently around the tubing and wrinkles. Add drape to area of leak to seal.

14. If a leak is present, a whistling noise may occur. Air leaks occur most often around the tubing.

15. Dispose of gloves, gown, or apron and contaminated items in appropriate waste receptacles.

16. Wash hands and document canister change in the medical record (nurses' notes).

### **Wound Assessment**

17. If the wound is visually accessible, the RN/LPN visually inspects the wound **every 2 hours** to ensure foam is firm and collapsed in the wound bed.

18. If the wound is not visually accessible, RN/LPN ensures that the tubing is not clamped and the machine pressure is maintained at the appropriate settings. (Settings set by MD or Physical Therapy)

19. Ensure the VAC is on and running. If the unit is found not running, and the MD has not disconnected the VAC, turn the VAC on. The unit should not be off for longer than 2 hours at a time.

20. RN/LPN follows troubleshooting guidelines as appropriate.

21. Document findings and actions in the medical record (nurses notes). Document output in the medical record each shift or as ordered by MD.

**Troubleshooting Alerts and Alarms**

**Alarms: Detect conditions that require immediate attention to ensure prescribed therapy is being delivered. Alarms will be accompanied by a repeating audible tone. Press “?” on machine for more information on how to resolve Alerts and Alarms. Press “Audio Pause” to silence the audible tone for two minutes.**

**RN, RN  
Applicant,  
LPN**

**22. Canister Full, Therapy Interrupted**

**Alarm:** Unit detects the canister is full and should be replaced.

- a. Determine the fluid level of the canister.
- b. If the canister is not full, press Reset.
- c. If the canister is full, change the canister and press Reset.
- d. Restart therapy by pressing Exit, then On/Off button.

**23. Canister Not Engaged Alarm:** Unit detects that the canister is not fully seated and properly latched.

- a. Remove the canister.
- b. Inspect the canister and InfoVAC unit for foreign objects or debris interfering with canister and unit mating surface.
- c. Ensure both seals are present. If seals are missing or damaged, inform CMS of problem and get a new VAC unit.
- d. Re-attach the canister. An audible click indicates that the canister is properly installed.
- e. Press Reset on screen.
- f. Restart therapy by pressing Exit, then On/Off button.

**24. Leak Alarm:** Unit detects a significant negative pressure leak.

- a. Ensure connector between dressing tubing and canister tubing is properly locked.
- b. Ensure canister is fully engaged.
- c. Press Seal Check and apply light pressure around dressing to use Seal Check Tool to help identify leaks.
- d. Use excess drape material to seal leak area.
- e. Press Exit, then Reset on screen.
- f. Ensure VAC therapy is on by observing that the dressing is collapsed.

**25. Blockage Alarm, Therapy Interrupted:**

Unit has determined that a blockage is present.

- a. Ensure both clamps on dressing and canister tubing are open.
- b. Ensure tubing is not kinked, crimped, or blocked in any way.
- c. If Blockage Alarm continues, lowering unit and tubing to be level with or below the wound site may resolve this alarm.
- d. Press Reset on screen to return to Home Screen.

**26. Low Pressure Alarm, Therapy Interrupted:**

Unit has not reached the selected therapy setting pressure and negative pressure at the wound is below therapeutic value.

- a. Ensure both clamps on dressing and canister tubing are open.
- b. Ensure tubing is not kinked, crimped, or blocked in any way.
- c. If Blockage Alarm continues, lowering unit and tubing to be level with or below wound site may resolve this alarm.
- d. Press Reset on screen to return to Home Screen.

27. If therapy unit is running but the screen is not visible, the unit may be in “Night Mode”. To Exit “Night Mode”, touch the screen and the screen options should be visible. If touching the screen does not increase visibility of screen options, contact CMS and inform them of the problem. The unit may need to be replaced.

**Physical  
Therapy and  
Medical Staff**

28. For the problems listed below, please call Physical Therapy or Medical Staff. In addition, the LPN shall notify the RN.

- a. Broken seal or loose transparent dressing.
- b. Call MD if VAC dressing has not been changed in 1 week.
- c. Dressing application
- d. Dressing removal
- e. Disconnecting the VAC device
- f. Follow-up on dressing integrity
- g. Monitoring of Wound healing

**Physical Therapy and Medical Staff**      **29. Other Issues:**

- a. Check the chart to identify if the patient is being followed by Physical Therapy, then call Physical Therapy during normal working hours. If the patient is not being followed by Physical Therapy call the Medical Staff assigned to the patient.
- b. Call Medical Staff assigned to the patient after working hours, holidays, and weekends.
- c. For troubleshooting the device, call the number on the sticker located on the Wound VAC device.
- d. Notify Case Management if patient is to be discharged with Wound VAC. Case Manager will work with the physician to obtain appropriate outpatient care for the patient.

Reference:

Info V.A.C. Therapy System, 2007, KCI.

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Date

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Date