



LAPEER REGION

Wound Vacuum Documentation Form

Upon placement of KCI Wound VAC, fill out this form. It requires 3 patient stickers, 2 on the white copy and 1 on the yellow copy. After the procedure, call **1-800-275-4524** to inform them that the VAC was used. They will ask for the patient's name, the date of the placement, the serial # of the machine, and the room number of the patient if known (state OR if the room number of the patient unknown at the time of the call.)

The bottom half of the white sheet is then removed and placed in the OR manager's mailbox. The remainder of this form will stay with the patient's chart. Upon removal of the KCI Wound VAC, complete the top portion of this form. The completed white copy goes to the unit manager where the VAC was removed. The completed Yellow copy stays with the patient's chart. Once removed, please call 1-800-275-4524 to inform them of the removal of the wound VAC. They will ask for the patient's name, the date of the removal, the serial # of the machine, and the room number of the patient. The dirty wound VAC is to be sent to Decontamination after removal.

WOUND VAC REMOVED:

Date wound vac removed: _____

Serial/Barcode: _____

Room Number: _____

Staff Signature: _____ Date/Time: _____

Staff Signature: _____ Date/Time: _____

**McLaren Lapeer Region****WOUND VAC APPLIED:**

Date wound vac applied: _____

Serial/Barcode: _____

Room Number: _____

Staff Signature: _____ Date/Time: _____

Staff Signature: _____ Date/Time: _____

WOUND VAC FORM

N-411 Revised 2/23/21 CC

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Distribution:**White:** Unit Manager when vac is removed**Yellow:** Pt Chart Manager