

Protocol 21 · NPWT at home and in outpatients: discharge criteria

Scope: **General** · Source: NPWT Evidence Library, www.wondsortg.co.za/NPWT.html, content as at 2026-10-04

General. Applies to every indication when the patient leaves the ward on a device.

Purpose

Protocol 19 sets the rule that the least-supervised patients are at the greatest risk. This page is the checklist that rule produces: what must be true before a patient leaves the ward on a pump, what the household and the visiting service must be able to do, and what brings the patient back.

The position

- Effectiveness at home is not established. The review commissioned to tell a payer whether to fund home NPWT found the evidence insufficient on every one of its five critical outcomes, and could confirm that patients were actually treated at home in only one of six comparative studies.
- Safety is what decides discharge. Most of the regulator's deaths occurred at home or in long-term care, with bleeding the mechanism; the regulator's own provider survey located the danger not in the device but in prescription, education, wound assessment and monitoring.
- The cost argument is directional only: a community day was costed at 38.50 pounds against 288 for a hospital day (very low certainty, UK). A patient sent home to save a bed and lost to a bleed has saved nothing.
- Patients describe losing control through poor discharge planning and regaining it through understanding the device; sleep is broken by alarms and, with instillation, by the cycle itself.
- The only outpatient denominator held is paediatric and American: 2.4 percent coded complications in 30 days among 1,563 insured children treated mainly at home, against 6 percent in the sicker inpatient group; a description of a selected, home-nursed population, not evidence that the setting is safer.
- Do not assume the visiting nurse is competent by default: in one national survey of certified wound-care nurses, 54 percent had never applied a vacuum dressing and 12 percent could do so independently.

Discharge criteria: all must be met and recorded

Patient	Compliant and compos mentis; consciousness normal; no delirium or impairing sedation. Fall risk assessed, body-worn device and short tubing where raised. Can state in their own words what the pump does, what an alarm means, what bleeding in the canister looks like, and whom to call. Pain controlled on oral analgesia; first dressing change done in hospital and tolerated.
Wound	Haemostasis secure at the last change; no bleeding in 48 hours. No exposed vessel, graft or anastomosis under the foam (such a wound stays in, or goes home only with a barrier, low pressure and daily nursing). Seal held 24 hours without intervention. Endpoint defined with a date and a four-week review point.
Device	Alarms for loss of seal, canister full and low battery, and the patient can hear and respond. Battery and charger supplied; a plan for a power failure of two hours or more. Consumables to the next visit; supplier helpline known. Pacemaker or ICD: pump position decided and recorded, at least 15 cm from the generator, away from the chest.
Household and circle of care	A named person at home shown the device, the stop rules and the return route, who has agreed to the role. Stop rules in writing, in the patient's language: fresh blood, new pain or fever, foul smell, a seal that cannot be restored in two hours, an alarm that will not clear.
Visiting service	A trained nurse or the practice sees the dressing on a stated schedule (every 48 to 72 hours for an open wound) and at the first sign of trouble; the schedule is on the discharge summary. The visiting nurse has applied this device before or is trained on it before the first home change. Each visit records seal, canister, pain, measurements and photograph, piece count in and out, and coping.
Return route	A phone number that is answered and a place the patient can be seen the same day. Any stop rule is a return, not a reassuring phone call.

What is documented at discharge

Who was told what and when; the named circle of care; the visit schedule; the stop rules given; device model, pressure and mode; the piece count at the last change; the endpoint and the four-week review date. If any line cannot be written, the patient is not ready.

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