UVA Health Medical Center Competency Verification Record (CVR)

Incision Management: Negative Pressure using Prevena[™] Therapy Unit

Dressing Application and Removal

Role: RN, LPN, MA, Certified Athletic Trainer

| Employee Name: | Employee ID #:Date: | |
|-----------------------|---------------------|--|
| | | |

Disclaimer: Competency Verification Records (CVR) are temporarily stored in the Department's competency filing system until completion has been recorded on a permanent competency form (e.g., OCA, ACR). The CVR requires a validator's signature.

<u>Transfer of CVR to Permanent Record</u>: With this record of a validated competency, the preceptor, Dept. NEC, manager, or their designee locates the matching competency statement on the Annual Competency Record (ACR), Orientation Competency Assessment (OCA) Regional Competency Assessment (RCA), or Department Specific Competency (DSC) form. (*If the statement is not present, it can be written-in.*) The competency statement is then initialed and dated as complete.

| Competency Statement: | Demonstrates application and removal of Prevena Therapy Unit under the direction of LIP/APP. | | | | | |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Validator(s): | Registered Nurse and Licensed Orthopedic Provider who has documented competency in Prevena Therapy Unit - Application and Removal | | | | | |
| Validator Documentation Instructions: | Validator documents method of validation (below) and initials each skill box once completed and places their full name, signature, and completion date at the end of the document. | | | | | |
| Method of Validation: | | DO | Direct Observation – Return demonstration or evidence of daily work. | | | |
| | | Т | Test: Written or oral assessments, surveys or worksheets, passing grade on a CBL test. | | | |
| | | S | Simulation | | | |
| | | С | Case Study/ Scenarios: Create/share a story of a situation then ask questions that capture the nature of the competency that is being referenced. | | | |
| | | D | Discussion: Identify questions related to a competency and ask orientee to provide an example of their real- life experiences. | | | |
| | | R | Reflection: A debriefing of an actual event or a discussion of a hypothetical situation. | | | |
| | | QI | Quality Improvement Monitoring: Audits or compliance checks on actual work or documentation to ensure the competency is completed. | | | |
| | | N/A | If the specific product or process step is not used in the respective area or by the respective role, then this step is deemed N/A. | | | |
| Validation Instructions: | | | e implementation of the steps outlined below; observe team member to ensure appropriate technique and zation of steps in the application and removal of Prevena Therapy Unit. | | | |

| Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold) | Validation Method | Validator's Initials |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|
| Application | | |
| Gather supplies (i.e correct dressing, sterile gauze, PREVENA Therapy Unit & canister, skin prep) | DO | |
| Pat the application site dry with sterile gauze to ensure proper adhesion. Note: The application site must be completely dry before dressing is applied | DO | |

 Name of CVR: Incision Management - Negative Pressure - Prevena Therapy Unit - Application and Removal

 Date CVR Created: 3/2025
 Date CVR Revised:

 Subject Matter Expert(s): Megan Fretwell, RN & Kasey Dudley, RN

UVA Health Medical Center Competency Verification Record (CVR)

Incision Management: Negative Pressure using Prevena[™] Therapy Unit Dressing Application and Removal

Role: RN, LPN, MA, Certified Athletic Trainer

| Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold) | Validation Method | Validator's Initials |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|
| Apply skin prep or non-sting skin barrier as needed to help maintain a seal. | DO | |
| Ensure there is no adhesive tape, gauze or any other foreign material under the planned dressing area. | DO | |
| Insert the canister into the PREVENA [™] Therapy Unit and slide inwards until the canister clicks. | DO | |
| Athletic Trainer & RN Only: Assesses wound condition and signs of infection. | DO | |
| Applies dressing over closed incision and ensures that the purple foam has a compressed appearance, and the pressure indicator should be in a collapsed position | DO | |
| Connect the dressing tubing to the canister tubing by twisting the connectors until they lock. | DO | |
| Begin therapy by pressing and holding the On/Off button for two seconds; an audible beep will confirm that therapy is on. | DO | |
| Connect the dressing with the PREVENA [™] Therapy Unit | DO | |
| Notify the LIP/APP or RN to assess incision after application of dressing if the foam is not compressed or the unit is unable to maintain suction. | DO | |
| Athletic Trainer & RN Only: Troubleshoots dressing to ensure compression of foam | DO | |
| If active bleeding develops suddenly or in large amounts during therapy, or if frank blood is seen in the tubing or in the canister, leave the dressing in place, turn off the therapy unit and notify the LIP/APP. | DO | |
| Removal | | |
| When removing PREVENA [™] Therapy, turn the unit off. | DO | |
| Gently stretch drape/dressing horizontally to release the adhesive from the skin. Do not peel vertically. | DO | |
| Remove drape/dressing IN-LINE with the sutures, NEVER across the sutures. | DO | |
| Notify the LIP/APP or RN to assess incision after removal of dressing | DO | |
| Athletic Trainer & RN Only: Assesses wound condition and signs of infection. | DO | |

Reference Table/Pictures if applicable: N/A

 Name of CVR: Incision Management - Negative Pressure - Prevena Therapy Unit - Application and Removal

 Date CVR Created: 3/2025
 Date CVR Revised:

 Subject Matter Expert(s): Megan Fretwell, RN & Kasey Dudley, RN

UVA Health Medical Center Competency Verification Record (CVR) Incision Management: Negative Pressure using Prevena[™] Therapy Unit Dressing Application and Removal Role: RN, LPN, MA, Certified Athletic Trainer

| Competency Verified by: | | | |
|----------------------------|-----------------------|-------|--|
| Validator's Name (printed) | Validator's signature | Date: | |
| valiator s walle (printed) | valiator s signature | | |

References:

- Gestring, M. (2022). Negative pressure wound therapy. In: UpToDate, Berman, R. S., & Cochran, A. (Eds.).
- KCI[®] Licensing, Inc. (2015). V.A.C.[®] therapy clinical guidelines: A reference source for clinicians. Retrieved January 2024 from https://www.acelity.com/-/media/Project/Acelity/Acelity-Base-Sites/shared/PDF/2-b-128h-vac-clinical-guidelines-web.pdf (Level VII)

Name of CVR: Incision Management - Negative Pressure - Prevena Therapy Unit - Application and Removal Date CVR Created: 3/2025 Date CVR Revised: Subject Matter Expert(s): Megan Fretwell, RN & Kasey Dudley, RN