

New NPWT vendor)- Smith & Nephew – Rotech Renasys

- Available for all states

From the Quick Links Menu, Select Add Negative Pressure Wound Therapy:

The screenshot shows a medical software interface. At the top, there is a navigation bar with tabs: Calendar, Patient, Work List, Reports, Facility, and I-heal Admin. Below this, a patient header displays: Patient Name: SmithNephewEndtoEnd, Patti; Date of Birth/Sex: 1/1/1960 (61 y.o. Female); Date of Service: 9/20/2021. There are two red alert banners: 'Allergies: Documentation for allergies has not been submitted' and 'ABI Values from Lower Extremity Assessment: Documentation for ABI has not been submitted'. A signature warning states: 'SIGNATURE WARNING: This document is signed!'. The main content area has tabs for Encounter Details (Intake, Case Management, HBO, Physician, Discharge), Patient Location: Undefined, Wound Overview (eSignatures, Insurance, Medications, Test Results), and Quick Links. The Quick Links menu is open, showing options like 'Add Custom Form 1a', 'Add Negative Pressure Wound Therapy' (highlighted with a dashed box), 'Add Activities of Daily Living', 'Add Allergy List', 'Add Complex / Palliative Patient Assessment', 'Add Fall Risk Assessment', 'Add Foot Assessment', 'Add General Visit Notes', and 'Add Advanced Modalities Screening Tool'. Below the menu, there are sections for Arrival Information (Treating Provider: Palin, Sara; Treating RN: Richards, Chim; Other Clinician) and Visit Information (Patient Arrived: Other; Arrival Time: 08:30).

Screen Opens:

Select Smith & Nephew from the drop down Menu:

The screenshot shows the 'Negative Pressure Wound Therapy' form. At the top, it says 'Add NPWT Form:'. Below this is a dropdown menu with a plus sign icon. The dropdown is open, showing three options: 'Edgepark/Cardinal Health Detailed Written Order (DWO)', 'KCI - V.A.C.® Therapy Insurance Authorization', and 'Smith & Nephew - Rotech Renasys Order Form' (which is highlighted in blue). Below the dropdown are four buttons: 'Delete' (with a trash icon), 'Cancel & Next' (with a back arrow and a plus icon), 'Submit' (with a checkmark icon), and 'Next' (with a right arrow icon).

- Select Primary Wound from dropdown list

Negative Pressure Wound Therapy

Treating Provider: Treating RN: Other Clinician:

Select wound(s) covered by this form: [View Wound Information](#)

Patient's primary wound:

Add additional wound(s) covered by this form

Patient Info tab:

Form | Vitals | Wounds | NEW

Negative Pressure Wound Therapy

Treating Provider: Treating RN: Other Clinician:

Select wound(s) covered by this form: [View Wound Information](#)
Patient's primary wound:
[Add additional wound\(s\) covered by this form](#)

Patient Info | Wound Info | Product Info

HBO Tech:
Physical Therapist:

▼ Patient Information

Sex:
Address 1:
Address 2:
City:
State:
Zip:

Last 4 digits of SSN:
Primary Telephone: () -
Secondary Telephone: () -
Email:

▼ Insurance Information

Primary Insurance

Insurance Name:
Policy Number:
Address Line 1:
Address Line 2:

City:
State:
ZIP:
Phone: () -

Secondary Insurance

Insurance Name:
Policy Number:
Address Line 1:
Address Line 2:

City:
State:
ZIP:
Phone: () -

▼ Facility and Physician Information

Facility Name:
Facility Address 1:

Physician First Name:
Physician Last Name:

Wound Info tab:

▼ ADIV ▼ Vitals **WOUNDS** NPWT

Negative Pressure Wound Therapy

Treating Provider: Treating RN: Other Clinician:

Select wound(s) covered by this form: [View Wound Information](#)

Patient's primary wound:

▼ **Current Wound Measurements**

Wound #1 Dorsal, Posterior Abdomen - Midline	
Wound Type:	Cyst
Wound Location:	Abdomen - Midline
Wound Age:	82
Necrotic Tissue Present?	<input type="text"/>
Measurement Date:	<input type="text" value="9/15/2021"/>
Length:	0.22 (cm)
Width:	0.22 (cm)
Depth:	0.3 (cm)
Tunneling:	
Undermining:	

▼ **Wound History**

Wound #1 Dorsal, Posterior Abdomen - Midline

Was NPWT initiated in an inpatient facility?

Is there anything compromising the patient's nutritional status?

Is the patient on a comprehensive diabetic management program?

Is NPWT being ordered for any type of chronic wound (>30 days or more)?

Send order to Smith & Nephew - Rotech Renasys

By signing and dating, I attest that I am prescribing Negative Pressure Wound Therapy as medically necessary and all other applicable treatments have been tried or considered and ruled out. I have read and understand all safety information and other instructions for use included with therapy clinical guidelines. Additionally, I have reviewed the information provided in this form and attest to its accuracy.

Notes

Product Info tab:

[Add additional wound\(s\) covered by this form](#)

Patient Info Wound Info **Product Info**

▼ **Order Information**

Diagnosis Codes (ICD-10)

Code	Description
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I prescribe Negative Pressure Wound Therapy, and up to:

15 dressing kits per wound per month, and 10 canister sets per wound per month

dressing kits per wound per month, and canister sets per wound per month

Order Date:

Number of months:

Pressure Setting:

Frequency of Dressing Changes:

▼ **Supplies for Delivery**

For proper processing, please choose ONE row/size and select one radio button

Kit Size	Dressing Kits	
	Foam	Gauze
Small	<input type="radio"/>	<input type="radio"/>
Medium	<input type="radio"/>	<input type="radio"/>
Large	<input type="radio"/>	<input type="radio"/>

Other Supplies (Y-Connectors, Gauze Rolls, etc.):

▼ **Delivery and Follow-Up Care**

Requested Delivery Date: Requested Delivery Time:

Delivery Location: Deliver to Hospital Utilizing Consignment Pump Home Delivery Alternate Address

Patient Follow-up Care: Home Health Agency Wound Care Clinic


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By signing and dating, I attest that I am prescribing Negative Pressure Wound Therapy as medically necessary and all other applicable treatments have been tried or considered and ruled out. I have read and understand all safety information and other instructions for use included with therapy clinical guidelines. Additionally, I have reviewed the information provided in this form and attest to its accuracy.


Notes

Click on Submit





Negative Pressure Wound Therapy

Add NPWT Form: 

   Smith & Nephew - Rotech Renasys Order Form - Primary Wound #1
Abdomen - Midline Dorsal,Posterior

 [Send to Smith & Nephew - Rotech Renasys](#)

Smith & Nephew - Rotech Renasys cannot release the product until Physician signature is received
(Last sent: Hacksunda, Patti 9/24/2021 9:25:48 AM)

 [Delete](#) |  [Cancel & Next](#) |  [Submit](#) |  [Next](#)