

TNPT / VAC dressing – counting out and counting in form

TRANSFER FROM HOSPITAL TO DISTRICT NURSE CARE

Please complete the top section of this form when visiting to change the TNTP / VAC dressing for the **first** time, using the information on the discharge form
 Please complete the bottom section **every** time the dressing is changed.

PATIENT DETAILS:

Name: _____

Address: _____

DoB: _____ NHS Number: _____

Referring Ward: _____ Contact Number: _____

The number of black foam stated _____	The number of white foam stated _____	Is a Liner in use YES / NO
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Do not proceed with the dressing unless the number of dressings is known. Contact the referring ward for clarification.

Nurse Signature: _____ Date: _____

Comments _____

Date & signature	Number of dressings removed	Number of dressings replaced
_____	Black = ____ White = ____ Liner Y / N	Black = ____ White = ____ Liner Y / N
_____	Black = ____ White = ____ Liner Y / N	Black = ____ White = ____ Liner Y / N
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