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Suprasorb® Liquacel Wound Dressing Evaluation Form

Name of evaluator: _____

Work place: _____

Patient/NHS Identification: _____

Male/Female: _____ Age: _____

Initial Wound Assessment

Take a picture of the wound using a digital camera

Type of wound: (tick one box only)

Pressure ulcer Leg ulcer Surgical wound Diabetic Foot Ulcer Trauma Other

For Other please state type of wound _____

Duration of wound prior to evaluation: _____

Site of wound: (tick one box only)

Foot/leg/hip Back of trunk/buttocks/sacrum Arm/hand/elbow/shoulder Front of trunk Head/neck

Wound bed condition: (tick all that apply) Epithelial Granulation Slough Necrotic

Skin condition: (tick all that apply) Excoriated Macerated Red/inflamed Healthy

Which product/treatment was used prior to Suprasorb® Liquacel: _____

What adjunct treatment is being used with Suprasorb® Liquacel during this evaluation

(e.g. skin protection, compression bandages or hosiery, secondary dressings): _____

Frequency of dressing change prior to evaluation: Please tick where applicable

Daily Three times a week Twice a week Weekly

Initial pain assessment

please circle where applicable

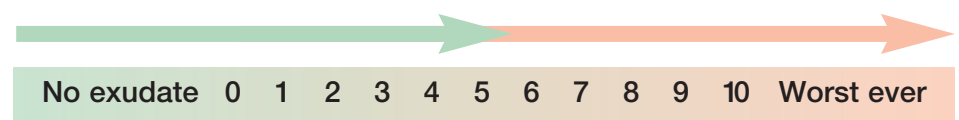
Pain scale:



Initial exudate assessment

please circle where applicable

Volume scale:



Suprasorb® Liquacel first dressing

 Take a picture of the wound using a digital camera

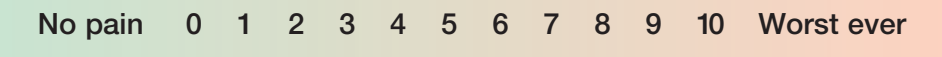
Date of first dressing change:.....

Reason for change (scheduled/unscheduled - according to need):.....

Performance Please tick where applicable	Very good	Good	Fair	Poor	Very poor
Ease of application					
Conformability					
Dressing shrinkage					
Patient comfort (softness of gel)					
Ease of removal (in one piece)					
Ease of removal (non-adherence)					
Wound condition improvement					
Skin condition					


Pain assessment

please circle where applicable

Pain scale:  No pain 0 1 2 3 4 5 6 7 8 9 10 Worst ever

Exudate assessment

please circle where applicable

Volume scale:  No exudate 0 1 2 3 4 5 6 7 8 9 10 Worst ever

Suprasorb® Liquacel second dressing

 Take a picture of the wound using a digital camera

Date of second dressing change:.....

Reason for change (scheduled/unscheduled - according to need):.....

Performance Please tick where applicable	Very good	Good	Fair	Poor	Very poor
Ease of application					
Conformability					
Dressing shrinkage					
Patient comfort (softness of gel)					
Ease of removal (in one piece)					
Ease of removal (non-adherence)					
Wound condition improvement					
Skin condition					

Pain assessment

please circle where applicable

Pain scale:  No pain 0 1 2 3 4 5 6 7 8 9 10 Worst ever

Exudate assessment

please circle where applicable

Volume scale:  No exudate 0 1 2 3 4 5 6 7 8 9 10 Worst ever

Suprasorb® Liquacel third dressing

 Take a picture of the wound using a digital camera

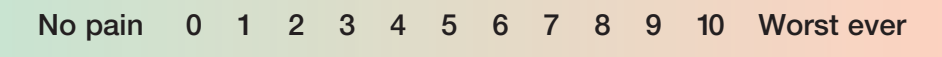
Date of third dressing change:.....

Reason for change (scheduled/unscheduled - according to need):.....

Performance Please tick where applicable	Very good	Good	Fair	Poor	Very poor
Ease of application					
Conformability					
Dressing shrinkage					
Patient comfort (softness of gel)					
Ease of removal (in one piece)					
Ease of removal (non-adherence)					
Wound condition improvement					
Skin condition					


Pain assessment

please circle where applicable

Pain scale:  No pain 0 1 2 3 4 5 6 7 8 9 10 Worst ever

Exudate assessment

please circle where applicable

Volume scale:  No exudate 0 1 2 3 4 5 6 7 8 9 10 Worst ever

Suprasorb® Liquacel fourth dressing

 Take a picture of the wound using a digital camera

Date of fourth dressing change:.....

Reason for change (scheduled/unscheduled - according to need):.....

Performance Please tick where applicable	Very good	Good	Fair	Poor	Very poor
Ease of application					
Conformability					
Dressing shrinkage					
Patient comfort (softness of gel)					
Ease of removal (in one piece)					
Ease of removal (non-adherence)					
Wound condition improvement					
Skin condition					

Pain assessment

please circle where applicable

Pain scale:  No pain 0 1 2 3 4 5 6 7 8 9 10 Worst ever

Exudate assessment

please circle where applicable

Volume scale:  No exudate 0 1 2 3 4 5 6 7 8 9 10 Worst ever

Conclusion

Dressing performance versus previously used Please tick where applicable



Take a picture of the wound using a digital camera

Performance <small>Please tick where applicable</small>	Very good	Good	Fair	Poor	Very poor
Ease of application					
Conformability					
Dressing shrinkage					
Patient comfort (softness of gel)					
Ease of removal (in one piece)					
Ease of removal (non-adherence)					
Wound condition improvement					
Skin condition					

Overall comments

Please state any reduction in the number of dressing changes: _____

Was the dressing effective? _____

Would you use Suprasorb® Liquacel again? _____

Clinician Satisfaction score 1 to 10 (where 10 is the greatest satisfaction)

1 2 3 4 5 6 7 8 9 10 please circle where applicable

Patient satisfaction score 1 to 10 (where 10 is the greatest satisfaction)

1 2 3 4 5 6 7 8 9 10 please circle where applicable

Would you recommend/continue to use Suprasorb® Liquacel: **Yes** **No**

Are there any patient or any additional user comments you would like to share with us?:

Thank you for taking the time to complete this evaluation form.

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