



Suprasorb® Liquacel Ag feedback form

This form is to provide feedback on **Suprasorb® Liquacel Ag** supplied by L&R Medical and should not be shared with external third parties.

Please note that the information recorded on this form should not contain identifiable patient data:

- It may be used for the purposes of data collection and analysis
- It may be used to support formulary changes

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| | |
|---|--|
| Date: | |
| Place of work: | |
| Trust: | |
| Clinician name: | |
| Patient Identifier | |
| Type of wound: | <input type="checkbox"/> Pressure ulcer <input type="checkbox"/> Leg ulcer <input type="checkbox"/> Surgical wound <input type="checkbox"/> Diabetic Foot Ulcer <input type="checkbox"/> Trauma Other please state: _____ |
| Location of wound: | <input type="checkbox"/> Foot <input type="checkbox"/> Leg <input type="checkbox"/> Trunk <input type="checkbox"/> Back <input type="checkbox"/> Buttocks <input type="checkbox"/> Arm <input type="checkbox"/> Hand <input type="checkbox"/> Elbow <input type="checkbox"/> Shoulder <input type="checkbox"/> Neck <input type="checkbox"/> Head |
| Duration of wound in weeks/months | |
| Wound details prior to evaluation: | Wound bed condition (%) Epithelialising _____ Granulating _____ Sloughy _____ Necrotic _____ |
| | Wound Status <input type="checkbox"/> Deteriorating <input type="checkbox"/> Static <input type="checkbox"/> Improving <input type="checkbox"/> Healed |
| | Exudate Level <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Very High |
| | Clinical Signs of Infection <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes please state _____ _____ _____ |
| | Biofilm suspected in wound <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Existing/previous products used: | Wound bed preparation |
| | Primary dressing |
| | Secondary dressing |
| | Adjunct therapies (e.g. skin protection, compression) |
| Frequency of dressing changes per week with existing product(s): | |
| Product(s) used during evaluation: | Wound bed preparation |
| | Secondary dressing |
| | Adjunct therapies (e.g. skin protection, compression) |

How do you rate Suprasorb® Liquacel Ag against the following criteria (please tick):

| | Very Good | Good | Fair | Poor | Very Poor |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Exudate Absorption | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conformability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patient comfort | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to retain fluid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Protection of wound edges | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to lock away cell debris, slough etc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Performance under compression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Removal in one piece | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Atraumatic removal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Management of infection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Removal of Biofilm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Compared to your previous formulary silver or silver gelling fibre dressing, do you see improvements to your patient's condition following use of Suprasorb® Liquacel Ag? (please tick):

| | Much improvement | A little improvement | No change | Poor |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Improvement to wound condition: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Improvement to skin condition: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Compared to your previous formulary silver or silver gelling fibre dressing, do you see improvements in any of these areas? (please tick):

| | Much improvement | A little improvement | No change | Poor |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Exudate Absorption | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conformability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patient comfort | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to retain fluid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Protection of wound edges | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to lock away cell debris, slough etc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Performance under compression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Removal in one piece | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Atraumatic removal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|--|--|
| Wound details at the end of evaluation: | Wound bed condition (%) Epithelialising _____ Granulating _____ Sloughy _____ Necrotic _____ |
| | Wound status <input type="checkbox"/> Deteriorating <input type="checkbox"/> Static <input type="checkbox"/> Improving <input type="checkbox"/> Healed |
| | Exudate Level <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Very High |
| | Clinical Signs of Infection <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes please state _____ Biofilm Suspected in wound <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Frequency of dressing changes per week at the end of evaluation. | _____ |

How would you rate Suprasorb Liquacel Ag overall (10 greatest satisfaction) The current silver or antimicrobial dressing on your formulary

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

Would you recommend Suprasorb® Liquacel Ag for formulary inclusion: Yes No

Any HCP comments you would like to share with us?

Any patients comments you would like to share with us?

Thank you for taking the time to complete this feedback form

For further information contact our Customer Services Team on **08450 606707** or email at **customerservices@uk.lrmed.com**

