

Evaluation of Wound Care Products

For products which are being formally assessed by the South West Yorkshire Wound Management Group

| | | |
|---------------------------------|-------------------------------|---------------------------------|
| Product being evaluated | | Previous product(s) used |
| Date evaluation started: | Date evaluation ended: | |

| | | |
|---|--|---|
| Patient's Name: | | DOB: |
| Hospital Number: | | NHS Number: |
| Team/Ward: | | Hospital |
| Factors which may delay healing (e.g. lifestyle, medication, medical condition): | | |
| Allergies: | | Patient Consent to Treatment:- <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Wound Aetiology/Type/Grade/Category (EPUAP): | | |
| Acute: (Wound present 6 weeks or less) <input type="checkbox"/> | | Chronic: (Wound present for longer than 6 weeks) <input type="checkbox"/> |
| Is the dressing easy to apply? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Comments |
| Which secondary dressing was used | | |
| How frequently was the dressing changed | | |
| Did the dressing achieve the overall aim of treatment <input type="checkbox"/> YES <input type="checkbox"/> NO | | Comments |
| How comfortable was the dressing <input type="checkbox"/> Not comfortable <input type="checkbox"/> Comfortable | | Comments |
| How easy was the dressing to remove | | |
| Other comments/Recommendations e.g. should this product be added to the formulary | | |

Wound Assessment

| | Initial Assessment | First Dressing change | Date | Date | Date | Date |
|--------------------------------|--------------------|-----------------------|----------|----------|----------|----------|
| Pain caused by dressing | | | | | | |
| (a) None | | | | | | |
| (b) Dressing change | | | | | | |
| (c) Continuous/specific times | | | | | | |
| Size of wound | | | | | | |
| Length (cm) | | | | | | |
| Breadth (cm) | | | | | | |
| Undermining | | | | | | |
| Depth (cm) | | | | | | |
| Photographed (date) | | | | | | |
| % of each tissue type | | | | | | |
| (a) Epithelialising | | | | | | |
| (b) Healthy granulation | | | | | | |
| (c) Unhealthy granulation | | | | | | |
| (d) Over-granulation | | | | | | |
| (e) Sloughy | | | | | | |
| (f) Necrotic | | | | | | |
| Surrounding skin | | | | | | |
| (a) Healthy/intact | | | | | | |
| (b) Dry/scaling | | | | | | |
| (c) Eczema | | | | | | |
| (d) Fragile | | | | | | |
| (e) Oedematous | | | | | | |
| (f) Macerated | | | | | | |
| (g) Erythema | | | | | | |
| (h) Excoriation | | | | | | |
| Wound odour | | | | | | |
| (a) None | | | | | | |
| (b) Slight | | | | | | |
| (c) Offensive | | | | | | |
| Wound exudate | | | | | | |
| (a) Clear | | | | | | |
| (b) Red | | | | | | |
| (c) Green | | | | | | |
| (d) Yellow | | | | | | |
| Amount of exudate | | | | | | |
| (a) None | | | | | | |
| (b) Low | | | | | | |
| (c) Medium | | | | | | |
| (d) High/strike through | | | | | | |
| Infection | | | | | | |
| (a) Infection present | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| (b) Wound swab sent | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| (c) Result of swab | | | | | | |