

HydroClean® Advance - Evaluation Form

HARTMANN



Before evaluation
 During evaluation
 After evaluation

Date evaluation commenced:

Date evaluation completed:

Clinicians details
(name, role, tel. no & email):

Type of wound:
 Pressure injury
 Burn / scald
 Surgical wound
 Fungating wound
 Leg ulcer
 Cut / graze
 Skin tear
 Diabetic foot ulcer
 Pilonidal sinus
 Other: (Please state) _____

How long has this wound been present before the evaluation:
 <4 weeks
 1-2 months
 3-5 months
 6-11 months
 1-2 years
 >2 years

Which dressings were used prior to the evaluation, and how long were these used:

What are your objectives when using the dressing?

Tissue present at start of evaluation:

Necrotic _____%
 Epithelisation _____%
 Slough _____%
 Healed / intact _____%
 Granulating _____%

Tissue present at end of evaluation:

Necrotic _____%
 Epithelisation _____%
 Slough _____%
 Healed / intact _____%
 Granulating _____%

Level of pain:



With previous regime:
(complete before evaluation starts)

With new product:

Number of dressing changes each week (during the two weeks before the evaluation and then the two weeks during the evaluation):

	Daily	5-6 x week	3-4 x week	1-2 x week
Previous regime				
With new product				

Ease of application	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor
Ease of removal	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor
Patient comfort during wear	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor
Patient tolerance of dressing	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor

Clinical objectives achieved:

Slough/devitalised tissue removed	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor
Wound bed preparation	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor
Re-epithelialisation progression	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor
Healing	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor
Exudate Management	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor
Odour Management	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor

Would you consider using this product again? Yes No

Comments:

What outcomes have you achieved when using the dressing? i.e. debridement, fewer nursing visits etc.

Signed: _____ Date: _____