

Wound Care Dressing Evaluation Form

Thank you for taking the time to evaluate the Emperor wound care products.
Please complete one form for each patient assessed, per wound area.

About You

Name: Tel No:.....

Email:

Unit/Dept: Address:.....

Previous Product Information on this wound

Previous products used:

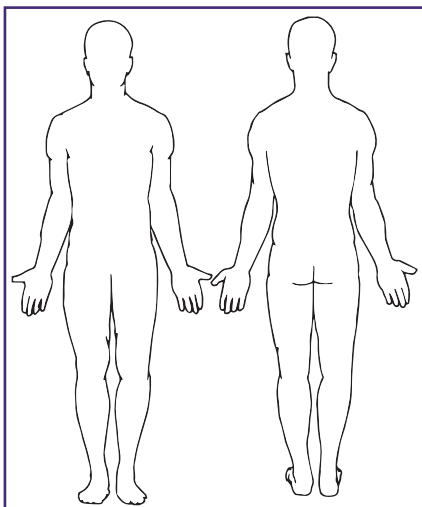
Previous Dressing Change Frequency, in days: < 1 2 3 4 5 6 7 days

Product and Wound Information

Product (s) evaluated:

Please indicate wound type:

Wound Type	Please Tick	Wound Type	Please Tick
Pressure Ulcer		Diabetic Ulcer	
Leg Ulcer Arterial/Venous		Surgical	
Cavity		Burn	
Skin Tear		MASD	
Other			



Wound Condition (please tick all that apply):

Infected Sloughy Necrotic Granulating Odorous

Please indicate wound location on the diagram.

Wound size: x

Product in Use

Did the dressing adhere to the skin as expected: Yes No

Did any irritation occur as a result of usage? Yes No

	Improved	No Change	Deteriorated
If blistering was present, did you notice a difference following product use?			
Was there an impact on moisture balance within the wound from use?			
What effect did the dressing have on maceration?			
Did the product protect granulated tissue?			
Did you notice any change on new tissue granulation?			

Comments:

.....

Dressing Evaluation Following Use

	Yes	No	Comments
Was the packaging easy to open?			
Was the dressing easy to apply?			
Did the dressing remain in situ for the desired amount of time?			
Were the number of dressing changes reduced?			
Was the dressing easy to remove?			
Did the patient find the dressing comfortable?			
Did the patient find the dressing supported treatment toleration?			
Were all treatment aims met by using this dressing?			
Did the wound reduce in size?			
Did the wound heal?			
Will you continue to use this product?			
Would you recommend this product to colleagues?			

Additional Comments:

Consent

I give consent for the content of this evaluation to be used for any purposes deemed appropriate by Rocialle.

I consent: Yes No

If yes: Signed: Date:

Preferred contact method: Phone Email

Our full Privacy Policy can be viewed at www.rocialledirect.com/privacy-policy. We are committed to ensuring that your details are kept safe and will never share your information with a third party.

Thank you for taking the time to complete this evaluation. You can complete this form online at emperwound.com or alternatively scan and return to contactus@rocialledirect.com or pass a copy to your local Rocialle Sales Associate.