**Participant ID**

**Initials of person entering data**

**Staff email**

CONFIDENTIAL CASE REPORT FORM

Dressings for Malignant Cutaneous Wounds: Use and Outcomes

IMPACCT Trials Coordination Centre (ITCC) UTS Rapid Program

The case report form (CRF) is to be completed in compliance with ITCC Standard Operating Procedures (SOP)

**Intention/Aim of the Series**

* To identify what wound management procedures clinicians use for malignant cutaneous wounds
* To determine how clinicians decide on what course of management they will take for the wound
* To identify which management/s achieve the goals of care.

|  |  |
| --- | --- |
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|  |
| --- |
| **Baseline (T0)** |
| **Date of Assessment** | DD/MM/YYYY |
| **Time of Assessment (24hr clock)** | HH:MM |

**Demographics**

**Gende**r  Male  Female  Other

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Age (yrs)** |  | **Weight (kg)** |  | **Height (cm)** |  |

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| --- | --- |
| **Tick**  | **Ethnicity** |
|  | Aboriginal |
|  | Torres Strait Islander |
|  | African |
|  | Asian |
|  | European |
|  | Latin American |
|  | Maori |
|  | Mayan people |
|  | Middle Eastern |
|  | Pacific Peoples |
|  | Other ethnicity – *Please specify:*  |

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| --- | --- |
| **Tick**  | **Primary Cancer** *(please choose only one)* |
|  | Breast cancer |
|  | Head and neck cancer |
|  | Lung cancer |
|  | Skin cancer - *Please specify:*  Melanoma  SCC  BCC |
|  | Lymphoma |
|  | Respiratory failure |
|  | Other cancer - *Please specify:*  |

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| --- | --- |
| **Tick**  | **Place of Care** |
|  | Acute hospital ward |
|  | Emergency department |
|  | Palliative Care Unit / Hospice |
|  | Community |
|  | Ambulatory/Outpatient care |
|  | Other Cancer - *Please specify:*  |

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| **Tick**  | **Palliative Care Phase** |
|  | 1. **Stable Phase:** The person's symptoms are adequately controlled byestablished management. Further interventions to maintain symptom control and quality of life have been planned. |
|  | 2. **Unstable Phase:** The person experiences the development of a new problemor a rapid increase in the severity of existing problems either of which requires an urgent change in management or emergency treatment. |
|  | 3. **Deteriorating Phase:** The person experiences a gradual worsening of existing symptoms or the development of new but expected problems. These require theapplication of specific plans of care and regular review but not urgent or emergency treatment. |
|  | 4. **Terminal Care Phase:** Death is likely in a matter of days and no acute intervention is planned or required. |

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| **Tick**  | **Australian Modified Karnofsky Performance Scale (AKPS)** |
|  | 100 - Normal; no complaints; no evidence of disease |
|  | 90 - Able to carry on normal activity; minor sign of symptoms of disease |
|  | 80 - Normal activity with effort; some signs or symptoms of disease |
|  | 70 - Cares for self; unable to carry on normal activity or to do active work |
|  | 60 - Requires occasional assistance but is able to care for most needs |
|  | 50 - Requires considerable assistance and frequent medical care |
|  | 40 - In bed more than 50% of the time |
|  | 30 - Almost completely bedfast |
|  | 20 - Totally bedfast and requiring extensive nursing care by professionals and/or family |
|  | 10 - Comatose or barely rousable |
|  | 0 - Dead |
|  | Not able to determine |

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| **Tick**  | **Does patient have any of the following?** *(Tick all that apply)* |
| **Yes** | **No** | **Don’t****know** |
|  |  |  | Congestive cardiac failure |
|  |  |  | Peripheral vascular disease (includes aortic aneurysm ≥ 6 cm) |
|  |  |  | Connective tissue disease |
|  |  |  | Moderate or severe renal disease |
|  |  |  | Diabetes with end organ damage |
|  |  |  | Moderate or severe liver disease |

|  |
| --- |
| **Laboratory Tests** *(in last 7 days only if available)* |
| **Test** | **Value/Result** | **Date of test** |
| WCC (109/L) |  | DD/MM/YYYY |
| CRP (mg/L) |  | DD/MM/YYYY |
| Albumin (g/L) |  | DD/MM/YYYY |
| Wound Culture & Sensitivity |  | DD/MM/YYYY |
| International Normalised Ratio (INR) |  | DD/MM/YYYY |
| Platelets (x 109/L) |  | DD/MM/YYYY |

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| **Has patient had a wound biopsy?** |
|  Yes *- please record result:*  No  Don’t know |
| **Known allergies to wound dressings** |
|  Yes - *please specify:*  No  Don’t know |
| **Current wound infection** |
|  Yes  No  Don’t know |
| **How long has the cutaneous malignant wound been present?** |
|  Days  < 1 month  < 3mths  < 6mths  > 6mths |

|  |
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| **Is patient on any systemic antibiotics?*** **Yes** – *complete table below*  **No** – *Go to next question* |
| **Medication Name** | **Route****(e.g. oral, IV, IM)** | **Total daily dose (mg)** | **Date started****(DD/MM/YYYY)** | **Length of Course (days)** |
|  |  |  | DD/MM/YYYY |  |
|  |  |  | DD/MM/YYYY |  |

|  |
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| **Has radiotherapy to the wound region been administered within last month or planned within the next two weeks?*** **Yes** – *please specify below*  **No** – *Go to next question* |
| **Dose (Gray)** | **Fractionation** | **Date of first fraction** | **Date of last fraction** |
|  |  | DD/MM/YYYY | DD/MM/YYYY |

|  |
| --- |
| **Other Concurrent Medications patient is taking (classes of drugs)** |
| **Tick**  | **Class of Drug** | **Name** | **Total Daily dose****(mg/mcg)** |
| **Yes** | **No** |
|  |  | Steroids |  | (mg) |
|  |  | Tricyclic antidepressants |  | (mg) |
|  |  | Benzodiazepines |  | (mg) |
|  |  | SSRIs |  | (mg) |
|  |  | Regular Opioids |  | (mg or mcg) |
|  |  | Opioids prior to wound care only *(Please record dose given in daily dose column)* |  | (mg or mcg) |
|  |  | Paracetamol |  | (mg) |
|  |  | NSAIDS |  | (mg) |
|  |  | Anticonvulsants including gabapentinoids |  | (mg) |
|  |  | Antipsychotics |  | (mg) |
|  |  | Lignocaine/mexiletine |  | (mg) |
|  |  | Anticoagulant |  | (mg) |
|  |  | Other – *e.g. Medicinal Cannabis**Please specify here:*  |  |  |

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| --- |
| **Intervention Commencement** |



|  |
| --- |
| **SITE OF MALIGNANT WOUND - if more than one wound please complete this form for the most problematic one** *(Please circle the site of the wound)* |

|  |
| --- |
| **WOUND SIZE** |
| **Width** (in cms) |  |
| **Length** (in cms) |  |

|  |
| --- |
| **Today’s ambient temperature** |
|  **<200C** |  **20-250C** |  **25-300C** |  **30 - 350C** | * **> 350C** |

**Baseline Symptom/Harm Assessment** *(Please grade all symptoms/harms; indicate that each harm has been assessed by ticking the square box next to each)*

# Clinicians please complete both odour rating scales to enable us to get the most accurate picture of odour severity.

## Wound Malodour

 1  2  3  4  5  6

*Woundsource Severity Scale*

1. **No odour:** No odour is evident, even at the patient’s bedside with the dressing removed
2. **Slight:** Odour is evident at close proximity to the patient when the dressing is removed..
3. **Moderate:** Odour is evident at close proximity to the patient when the dressing is intact.
4. **Strong:** Odour is evident on entering the room (6–10 feet or 2–3 meters from the patient) with the dressing removed.
5. **Very strong:** Odour is evident on entering the room (6–10 feet or 2–3 meters from the patient) with the dressing intact.
6. **Extreme odour:** Odour is evident outside of the room with the dressing intact

|  |
| --- |
| **How would you rate the odour from the wound?** *(With 0 = no odour at all; and 10 = as bad as it could possibly be) (Circle number in the box)* |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Not reported |

No odour Moderate odour Worst possible odour

## Wound Pain during this dressing change

1  2  3  Ungradable  No symptom  Not reported

*NCI Criteria*

1. Mild pain
2. Moderate pain
3. Severe pain

## Wound Pain at other times

1  2  3  Ungradable  No symptom  Not reported

*NCI Criteria*

1. Mild pain
2. Moderate pain; limiting instrumental ADL
3. Severe pain; limiting self-care ADL

## Wound Exudate

1  2  3  Ungradable  No symptom  Not reported

*NCI Criteria*

1. Small amount exudate
2. Moderate amount of exudate; limiting instrumental ADLs
3. Large amount of exudate; limiting self-care ADLs

## Wound Bleeding during this dressing change

1  2  3  4  5  Ungradable  No symptom  Not reported

*NCI Criteria*

1. Mild symptoms; intervention not indicated
2. Moderate symptoms; intervention indicated
3. Transfusion indicated; invasive intervention indicated; hospitalization
4. Life-threatening consequences; urgent intervention indicated
5. Death

## Wound Bleeding occurring spontaneously at other times

1  2  3  4  5  Ungradable  No symptom  Not reported

*NCI Criteria*

1. Mild symptoms; intervention not indicated
2. Moderate symptoms; intervention indicated
3. Transfusion indicated; invasive intervention indicated; hospitalization
4. Life-threatening consequences; urgent intervention indicated
5. Death

## Wound-related Pruritus

1  2  3  Ungradable  No symptom  Not reported

*NCI Criteria*

1. Mild or localized; topical intervention indicated
2. Widespread and intermittent; skin changes from scratching (e.g., oedema, papulation, excoriations, lichenification, oozing/crusts); oral intervention indicated; limiting instrumental ADL
3. Widespread and constant; limiting self-care ADL or sleep; systemic corticosteroid or immunosuppressive therapy indicated

## Anxiety

1  2  3  4  Ungradable  No symptom  Not reported

*NCI Criteria*

1. Mild symptoms; intervention not indicated
2. Moderate symptoms; limiting instrumental ADL
3. Severe symptoms; limiting self-care ADL; hospitalization indicated
4. Life-threatening consequences; urgent intervention indicated

|  |
| --- |
| **How much do you think your patient’s anxiety is related to their wound?** *(With 0**= no relation at all to wound; and 10 = completely related to wound) (Circle number in the box)* |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Not reported |

Not related at all Moderately related to wound Completely related to wound

## Depression

1  2  3  4  5  Ungradable  No symptom  Not reported

*NCI Criteria*

1. Mild depressive symptoms
2. Moderate depressive symptoms; limiting instrumental ADL
3. Severe depressive symptoms; limiting self-care ADL; hospitalization not indicated
4. Life-threatening consequences, threats of harm to self or others; hospitalization indicated
5. Death

|  |
| --- |
| **How much do you think your patient’s depression is related to their wound?***(With 0 = no relation at all to wound; and 10 = completely related to wound) (Circle number in the box)* |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Not reported |

Not related at all Moderately related to wound Completely related to wound

* **Current other symptom/harm** *(only if exists-may be related or unrelated to wound)*

Please specify other symptom/harm here

1 = mild 2 = moderate 3 = severe Ungradable

|  |  |
| --- | --- |
| **Tick**  | **Which symptom is the most troublesome?** *(Choose one only)* |
|  | Odour |
|  | Pain during dressing change |
|  | Pain at other times |
|  | Exudate |
|  | Bleeding during dressing change |
|  | Bleeding spontaneously at other times |
|  | Anxiety |
|  | Depression |
|  | Pruritus |
|  | Other symptom/harm |

|  |
| --- |
| **TODAY’S WOUND CARE REGIMEN***(Tick all that apply)* |
| **Tick**  | **Cleansing solution** |
|  | Prontosan (PHMB): Surfactant Antimicrobial |
|  | Octenilin (Octenadine HCL): Surfactant Antimicrobial |
|  | Microdicin (Hypochlorus acid and sodium hypochlorite) |
|  | Povidone Iodine |
|  | Chlorhexidine Irrigation Solution: Cationic broad spectrum biocide with surfactant properties |
|  | Sterile N/S: Isotonic |
|  | Sterile Water: Hypotonic |
|  | Potable tap water: Varies in content |
|  | Acetic Acid: Acid |
|  | Other - *please specify:*  |
| **Tick**  | **Which dressings (primary and secondary) are you using on the wound today?** |
|  | Acticoat 3&7 |
|  | Acticoat Flex 3&7 |
|  | Actisorb Silver 220 Activated Charcoal Dressing |
|  | Actisorb +25 Dressing |
|  | Activon Tube Manuka Honey (Advancis Medical) |
|  | Activon Tulle (Advancis Medical) Medical grade Manuka honey |
|  | AG+ Powder with Calcium Phosphate |
|  | Algivon alginate ribbon with Manuka honey (Advancis Medical) |
|  | Algivon (Advancis Medical) Honey-impregnated alginate |
|  | Allevyn AG |
|  | Allevyn AG Gentle Border |
|  | Aquacel AG |
|  | Aquacel AG Foam |
|  | Atrauman |
|  | Bactigras |
|  | Biatain AG |
|  | Biatain Alginate AG |
|  | Carboflex |

|  |  |
| --- | --- |
|  | Carbonet |
|  | Combine |
|  | Duoderm CGF |
|  | Durafiber AG |
|  | Exufibre AG+ |
|  | Flagyl Gel |
|  | Flamazine |
|  | Inadine |
|  | Iodosorb |
|  | Intrasite gel |
|  | Jelonet |
|  | Kaltostat |
|  | Kendall AMD Antimicrobial foam |
|  | Kerlix AMD |
|  | MediHoney wound gel/medical honey (Integra LifeSciences) |
|  | Medihoney Gel sheet (Integra LifeSciences) |
|  | Medihoney Tulle Dressing (Integra LifeSciences) |
|  | Melgisorb AG |
|  | Mepilex AG |
|  | Mepilex Border AG |
|  | Mepilex Transfer AG |
|  | Mepitel AG |
|  | Multidex powder |
|  | Polymem AG |
|  | Restore calcium Alginate with silver |
|  | Sorbact |
|  | Sorbact Hydroactive |
|  | Sorbalgon AG |
|  | Sorbion Sorbact |
|  | Telfa AMD |
|  | Tranexamic Acid |
|  | Tubifast |
|  | Urgocell AG |
|  | Vliwaktiv Charcoal |
|  | Wound Care 18+ (Comvita) |
|  | Zetuvit |
|  | Zorflex |
|  | Other dressing - *please specify name and brand:* |
|  | Additional other dressing - *please specify name and brand:* |
| **How often are the dressings changed?** *(Tick one)* |
|  Twice a day |  Daily |  2nd daily |  3rd daily |
|  Other – *please specify:*  |

|  |  |
| --- | --- |
| **Tick**  | **What is the main goal/intent of this wound care regimen?***(Choose one only)* |
|  | Reduce wound odour |
|  | Manage/reduce exudate |
|  | Manage/reduce bleeding |
|  | Manage/treat infection |
|  | Cosmetic appearance |
|  | Other - *please specify:*  |

|  |  |
| --- | --- |
| **Tick**  | **What other secondary reasons do you have for choosing this wound care regimen?** *(Tick all that apply)* |
|  | Reduce wound odour |
|  | Manage/reduce exudate |
|  | Manage/reduce bleeding |
|  | Manage/treat infection |
|  | Cosmetic appearance |
|  | Cost of dressings |
|  | Availability of dressings |
|  | Current routine practice |
|  | Other - *please specify:*  |

**Are you using any other products in the patient’s space to manage**

**odour?**

**Yes** – *please specify below* **No**

|  |
| --- |
| **T1 – 3 days post baseline** |
| **Date of Assessment** | DD/MM/YYYY |
| **Time of Assessment (24hr clock)** | HHMM |

|  |  |
| --- | --- |
| **Tick**  | **T1: Assessed/Not assessed reason** |
|  | Assessed today *(continue to complete T1)* |
|  | Died *(record date of death below)* |
|  | Not able to be contacted / located |
|  | Too unwell |
|  | Other |

|  |  |
| --- | --- |
| **Date of Death\*** | DD/MM/YYYY |

**\* End Survey Here if patient not assessed due to any of the reasons above.**

|  |
| --- |
| **Today’s ambient temperature** |
|  **<200C** |  **20-250C** |  **25-300C** |  **30 - 350C** | * **> 350C** |

|  |  |
| --- | --- |
| **Current wound infection** |  Yes  No  Don’t know |
| **Allergies to current wound dressings** |  Yes - *please specify:*  No |

|  |
| --- |
| **Has patient commenced any systemic antibiotics since baseline?*** **Yes** – *Complete table below*  **No** – *Go to next question* |
| **Medication Name** | **Route****(e.g. oral, IV, IM)** | **Total daily dose (mg)** | **Date started****(DD/MM/YYYY)** | **Length of Course (days)** |
|  |  |  | DD/MM/YYYY |  |
|  |  |  | DD/MM/YYYY |  |

**T1 - Symptom/Harm Assessment** *(Please grade all symptoms/harms regardless of whether they are attributable to the intervention of interest or not; indicate that each harm has been assessed by ticking the square box next to each)*

# Clinicians please complete both rating scales to enable us to get the most accurate picture of odour severity.

## Wound Malodour

 1  2  3  4  5  6

*Woundsource Severity Scale*

1. **No odour:** No odour is evident, even at the patient’s bedside with the dressing removed
2. **Slight:** Odour is evident at close proximity to the patient when the dressing is removed..
3. **Moderate:** Odour is evident at close proximity to the patient when the dressing is intact.
4. **Strong:** Odour is evident on entering the room (6–10 feet or 2–3 meters from the patient) with the dressing removed.
5. **Very strong:** Odour is evident on entering the room (6–10 feet or 2–3 meters from the patient) with the dressing intact.
6. **Extreme odour:** Odour is evident outside of the room with the dressing intact

|  |
| --- |
| **How would you rate the odour from the wound out of 10?** *(With 0 = no odour at all; and 10 = as bad as it could possibly be) (Circle number in the box)* |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Not reported |

No odour Moderate odour Worst possible odour

## Wound Pain during this dressing change

1  2  3  Ungradable  No symptom  Not reported

*NCI Criteria*

1. Mild pain
2. Moderate pain
3. Severe pain

## Wound Pain at other times

1  2  3  Ungradable  No symptom  Not reported

*NCI Criteria*

1. Mild pain
2. Moderate pain; limiting instrumental ADL
3. Severe pain; limiting self-care ADL

## Wound Exudate

1  2  3  Ungradable  No symptom  Not reported

*NCI Criteria*

1. Small amount exudate
2. Moderate amount of exudate; limiting instrumental ADLs
3. Large amount of exudate; limiting self-care ADLs

## Wound Bleeding during this dressing change

1  2  3  4  5  Ungradable  No symptom  Not reported

*NCI Criteria*

1. Mild symptoms; intervention not indicated
2. Moderate symptoms; intervention indicated
3. Transfusion indicated; invasive intervention indicated; hospitalization
4. Life-threatening consequences; urgent intervention indicated
5. Death

## Wound Bleeding occurring spontaneously at other times

1  2  3  4  5  Ungradable  No symptom  Not reported

*NCI Criteria*

1. Mild symptoms; intervention not indicated
2. Moderate symptoms; intervention indicated
3. Transfusion indicated; invasive intervention indicated; hospitalization
4. Life-threatening consequences; urgent intervention indicated
5. Death

## Wound-related Pruritus

1  2  3  Ungradable  No symptom  Not reported

*NCI Criteria*

1. Mild or localized; topical intervention indicated
2. Widespread and intermittent; skin changes from scratching (e.g., oedema, papulation, excoriations, lichenification, oozing/crusts); oral intervention indicated; limiting instrumental ADL
3. Widespread and constant; limiting self-care ADL or sleep; systemic corticosteroid or immunosuppressive therapy indicated

## Anxiety

1  2  3  4  Ungradable  No symptom  Not reported

*NCI Criteria*

1. Mild symptoms; intervention not indicated
2. Moderate symptoms; limiting instrumental ADL
3. Severe symptoms; limiting self-care ADL; hospitalization indicated
4. Life-threatening consequences; urgent intervention indicated

|  |
| --- |
| **How much do you think your patient’s anxiety is related to their wound?** *(With 0**= no relation at all to wound; and 10 = completely related to wound) (Circle number in the box)* |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Not reported |

Not related at all Moderately related to wound Completely related to wound

## Depression

1  2  3  4  5  Ungradable  No symptom  Not reported

*NCI Criteria*

1. Mild depressive symptoms
2. Moderate depressive symptoms; limiting instrumental ADL
3. Severe depressive symptoms; limiting self-care ADL; hospitalization not indicated
4. Life-threatening consequences, threats of harm to self or others; hospitalization indicated
5. Death

|  |
| --- |
| **How much do you think your patient’s depression is related to their wound?***(With 0 = no relation at all to wound; and 10 = completely related to wound) (Circle number in the box)* |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Not reported |

Not related at all Moderately related to wound Completely related to wound

* **Current other symptom/harm** *(only if exists-may be related or unrelated to wound)*

Please specify other symptom/harm here

1 = mild 2 = moderate 3 = severe Ungradable

|  |  |
| --- | --- |
| **Tick**  | **Which symptom is the most troublesome?** *(Choose one only)* |
|  | Odour |
|  | Pain during dressing change |
|  | Pain at other times |
|  | Exudate |
|  | Bleeding during dressing change |
|  | Bleeding spontaneously at other times |
|  | Anxiety |
|  | Depression |
|  | Pruritus |
|  | Other symptom/harm |

|  |
| --- |
| **TODAY’S WOUND CARE REGIMEN***(Tick all that apply)* |
| **Tick**  | **Cleansing solution** |
|  | Prontosan (PHMB): Surfactant Antimicrobial |
|  | Octenilin (Octenadine HCL): Surfactant Antimicrobial |
|  | Microdicin (Hypochlorus acid and sodium hypochlorite) |
|  | Povidone Iodine |
|  | Chlorhexidine Irrigation Solution: Cationic broad-spectrum biocide with surfactant properties |
|  | Sterile N/S: Isotonic |
|  | Sterile Water: Hypotonic |
|  | Potable tap water: Varies in content |
|  | Acetic Acid: Acid |
|  | Other - *please specify:*  |
| **Tick**  | **Which dressings (primary and secondary) are you using on the wound today?** |
|  | Acticoat 3&7 |
|  | Acticoat Flex 3&7 |
|  | Actisorb Silver 220 Activated Charcoal Dressing |
|  | Actisorb +25 Dressing |
|  | Activon Tube Manuka Honey (Advancis Medical) |
|  | Activon Tulle (Advancis Medical) Medical grade Manuka honey |
|  | AG+ Powder with Calcium Phosphate |
|  | Algivon alginate ribbon with Manuka honey (Advancis Medical) |
|  | Algivon (Advancis Medical) Honey-impregnated alginate |
|  | Allevyn AG |
|  | Allevyn AG Gentle Border |
|  | Aquacel AG |
|  | Aquacel AG Foam |

|  |  |
| --- | --- |
|  | Atrauman |
|  | Bactigras |
|  | Biatain AG |
|  | Biatain Alginate AG |
|  | Carboflex |
|  | Carbonet |
|  | Combine |
|  | Duoderm CGF |
|  | Durafiber AG |
|  | Exufibre AG+ |
|  | Flagyl Gel |
|  | Flamazine |
|  | Inadine |
|  | Iodosorb |
|  | Intrasite gel |
|  | Jelonet |
|  | Kaltostat |
|  | Kendall AMD Antimicrobial foam |
|  | Kerlix AMD |
|  | MediHoney wound gel/medical honey (Integra LifeSciences) |
|  | Medihoney Gel sheet (Integra LifeSciences) |
|  | Medihoney Tulle Dressing (Integra LifeSciences) |
|  | Melgisorb AG |
|  | Mepilex AG |
|  | Mepilex Border AG |
|  | Mepilex Transfer AG |
|  | Mepitel AG |
|  | Multidex powder |
|  | Polymem AG |
|  | Restore calcium Alginate with silver |
|  | Sorbact |
|  | Sorbact Hydroactive |
|  | Sorbalgon AG |
|  | Sorbion Sorbact |
|  | Telfa AMD |
|  | Tranexamic Acid |
|  | Tubifast |
|  | Urgocell AG |
|  | Vliwaktiv Charcoal |
|  | Wound Care 18+ (Comvita) |
|  | Zetuvit |
|  | Zorflex |
|  | Other dressing - *please specify name and brand:* |
|  | Additional other dressing - *please specify name and brand:* |

|  |
| --- |
| **How often are the dressings changed?** *(Tick one)* |
|  Twice a day |  Daily |  2nd daily |  3rd daily |
|  Other – *please specify:*  |

|  |  |
| --- | --- |
| **Tick**  | **What is the main goal/intent of this wound care regimen?***(Choose one only)* |
|  | Reduce wound odour |
|  | Manage/reduce exudate |
|  | Manage/reduce bleeding |
|  | Manage/treat infection |
|  | Cosmetic appearance |
|  | Other - *please specify:*  |

|  |  |
| --- | --- |
| **Tick**  | **What other secondary reasons do you have for choosing this wound care regimen?** *(Tick all that apply)* |
|  | Reduce wound odour |
|  | Manage/reduce exudate |
|  | Manage/reduce bleeding |
|  | Manage/treat infection |
|  | Cosmetic appearance |
|  | Cost of dressings |
|  | Availability of dressings |
|  | Current routine practice |
|  | Other - *please specify:*  |

**Are you using any other products in the patient’s space to manage**

**odour?**

**Yes** – *please specify below* **No**

|  |
| --- |
| **T2 – 7 days post baseline** |
| **Date of Assessment** | DD/MM/YYYY |
| **Time of Assessment (24hr clock)** | HHMM |

|  |  |
| --- | --- |
| **Tick**  | **T2: Assessed/Not assessed reason** |
|  | Assessed today *(continue to complete T2)* |
|  | Died *(record date of death below)* |
|  | Not able to be contacted / located |
|  | Too unwell |
|  | Other |

|  |  |
| --- | --- |
| **Date of Death\*** | DD/MM/YYYY |

**\* End Survey Here if patient not assessed due to any of the reasons above.**

|  |
| --- |
| **Today’s ambient temperature** |
|  **<200C** |  **20-250C** |  **25-300C** |  **30 - 350C** | * **> 350C** |

|  |  |
| --- | --- |
| **Current wound infection** |  Yes  No  Don’t know |
| **Allergies to current wound dressings** |  Yes - *please specify:*  No |

|  |
| --- |
| **Has patient commenced any systemic antibiotics since baseline?*** **Yes** – *Complete table below*  **No** – *Go to next question* |
| **Medication Name** | **Route****(e.g. oral, IV, IM)** | **Total daily dose (mg)** | **Date started****(DD/MM/YYYY)** | **Length of Course (days)** |
|  |  |  | DD/MM/YYYY |  |
|  |  |  | DD/MM/YYYY |  |

**T2 - Symptom/Harm Assessment**

*(Please grade all symptoms/harms regardless of whether they are attributable to the intervention of interest or not; indicate that each harm has been assessed by ticking the square box next to each)*

# Clinicians please complete both rating scales to enable us to get the most accurate picture of odour severity.

## Wound Malodour

 1  2  3  4  5  6

*Woundsource Severity Scale*

1. **No odour:** No odour is evident, even at the patient’s bedside with the dressing removed
2. **Slight:** Odour is evident at close proximity to the patient when the dressing is removed..
3. **Moderate:** Odour is evident at close proximity to the patient when the dressing is intact.
4. **Strong:** Odour is evident on entering the room (6–10 feet or 2–3 meters from the patient) with the dressing removed.
5. **Very strong:** Odour is evident on entering the room (6–10 feet or 2–3 meters from the patient) with the dressing intact.
6. **Extreme odour:** Odour is evident outside of the room with the dressing intact

|  |
| --- |
| **How would you rate the odour from the wound out of 10?** *(With 0 = no odour at all; and 10 = as bad as it could possibly be) (Circle number in the box)* |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Not reported |

No odour Moderate odour Worst possible odour

## Wound Pain during this dressing change

1  2  3  Ungradable  No symptom  Not reported

*NCI Criteria*

1. Mild pain
2. Moderate pain
3. Severe pain

## Wound Pain at other times

1  2  3  Ungradable  No symptom  Not reported

*NCI Criteria*

1. Mild pain
2. Moderate pain; limiting instrumental ADL
3. Severe pain; limiting self-care ADL

## Wound Exudate

1  2  3  Ungradable  No symptom  Not reported

*NCI Criteria*

1. Small amount exudate
2. Moderate amount of exudate; limiting instrumental ADLs
3. Large amount of exudate; limiting self-care ADLs

## Wound Bleeding during this dressing change

1  2  3  4  5  Ungradable  No symptom  Not reported

*NCI Criteria*

1. Mild symptoms; intervention not indicated
2. Moderate symptoms; intervention indicated
3. Transfusion indicated; invasive intervention indicated; hospitalization
4. Life-threatening consequences; urgent intervention indicated
5. Death

## Wound Bleeding occurring spontaneously at other times

1  2  3  4  5  Ungradable  No symptom  Not reported

*NCI Criteria*

1. Mild symptoms; intervention not indicated
2. Moderate symptoms; intervention indicated
3. Transfusion indicated; invasive intervention indicated; hospitalization
4. Life-threatening consequences; urgent intervention indicated
5. Death

## Wound-related Pruritus

1  2  3  Ungradable  No symptom  Not reported

*NCI Criteria*

1. Mild or localized; topical intervention indicated
2. Widespread and intermittent; skin changes from scratching (e.g., oedema, papulation, excoriations, lichenification, oozing/crusts); oral intervention indicated; limiting instrumental ADL
3. Widespread and constant; limiting self-care ADL or sleep; systemic corticosteroid or immunosuppressive therapy indicated

## Anxiety

1  2  3  4  Ungradable  No symptom  Not reported

*NCI Criteria*

1. Mild symptoms; intervention not indicated
2. Moderate symptoms; limiting instrumental ADL
3. Severe symptoms; limiting self-care ADL; hospitalization indicated
4. Life-threatening consequences; urgent intervention indicated

|  |
| --- |
| **How much do you think your patient’s anxiety is related to their wound?** *(With 0**= no relation at all to wound; and 10 = completely related to wound) (Circle number in the box)* |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Not reported |

Not related at all Moderately related to wound Completely related to wound

## Depression

1  2  3  4  5  Ungradable  No symptom  Not reported

*NCI Criteria*

1. Mild depressive symptoms
2. Moderate depressive symptoms; limiting instrumental ADL
3. Severe depressive symptoms; limiting self-care ADL; hospitalization not indicated
4. Life-threatening consequences, threats of harm to self or others; hospitalization indicated
5. Death

|  |
| --- |
| **How much do you think your patient’s depression is related to their wound?** *(With 0 = no relation at all to wound; and 10 = completely related to wound) (Circle number in the box)* |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Not reported |

Not related at all Moderately related to wound Completely related to wound

* **Current other symptom/harm** *(only if exists-may be related or unrelated to wound)*

Please specify other symptom/harm here

1 = mild 2 = moderate 3 = severe Ungradable

|  |  |
| --- | --- |
| **Tick**  | **Which symptom is the most troublesome?** *(Tick one only)* |
|  | Odour |
|  | Pain during dressing change |
|  | Pain at other times |
|  | Exudate |
|  | Bleeding during dressing change |
|  | Bleeding spontaneously at other times |
|  | Anxiety |
|  | Depression |
|  | Pruritus |
|  | Other symptom/harm |

|  |
| --- |
| **TODAY’S WOUND CARE REGIMEN***(Tick all that apply)* |
| **Tick**  | **Cleansing solution** |
|  | Prontosan (PHMB): Surfactant Antimicrobial |
|  | Octenilin (Octenadine HCL): Surfactant Antimicrobial |
|  | Microdicin (Hypochlorus acid and sodium hypochlorite) |
|  | Povidone Iodine |
|  | Chlorhexidine Irrigation Solution: Cationic broad spectrum biocide with surfactant properties |
|  | Sterile N/S: Isotonic |
|  | Sterile Water: Hypotonic |
|  | Potable tap water: Varies in content |
|  | Acetic Acid: Acid |
|  | Other - *please specify:*  |
| **Tick**  | **Which dressings (primary and secondary) are you using on the wound today?** |
|  | Acticoat 3&7 |
|  | Acticoat Flex 3&7 |
|  | Actisorb Silver 220 Activated Charcoal Dressing |
|  | Actisorb +25 Dressing |
|  | Activon Tube Manuka Honey (Advancis Medical) |
|  | Activon Tulle (Advancis Medical) Medical grade Manuka honey |
|  | AG+ Powder with Calcium Phosphate |
|  | Algivon alginate ribbon with Manuka honey (Advancis Medical) |
|  | Algivon (Advancis Medical) Honey-impregnated alginate |
|  | Allevyn AG |
|  | Allevyn AG Gentle Border |
|  | Aquacel AG |
|  | Aquacel AG Foam |
|  | Atrauman |
|  | Bactigras |
|  | Biatain AG |
|  | Biatain Alginate AG |
|  | Carboflex |

|  |  |
| --- | --- |
|  | Carbonet |
|  | Combine |
|  | Duoderm CGF |
|  | Durafiber AG |
|  | Exufibre AG+ |
|  | Flagyl Gel |
|  | Flamazine |
|  | Inadine |
|  | Iodosorb |
|  | Intrasite gel |
|  | Jelonet |
|  | Kaltostat |
|  | Kendall AMD Antimicrobial foam |
|  | Kerlix AMD |
|  | MediHoney wound gel/medical honey (Integra LifeSciences) |
|  | Medihoney Gel sheet (Integra LifeSciences) |
|  | Medihoney Tulle Dressing (Integra LifeSciences) |
|  | Melgisorb AG |
|  | Mepilex AG |
|  | Mepilex Border AG |
|  | Mepilex Transfer AG |
|  | Mepitel AG |
|  | Multidex powder |
|  | Polymem AG |
|  | Restore calcium Alginate with silver |
|  | Sorbact |
|  | Sorbact Hydroactive |
|  | Sorbalgon AG |
|  | Sorbion Sorbact |
|  | Telfa AMD |
|  | Tranexamic Acid |
|  | Tubifast |
|  | Urgocell AG |
|  | Vliwaktiv Charcoal |
|  | Wound Care 18+ (Comvita) |
|  | Zetuvit |
|  | Zorflex |
|  | Other dressing - *please specify name and brand:* |
|  | Additional other dressing - *please specify name and brand:* |

|  |
| --- |
| **How often are the dressings changed?** *(Tick one only)* |
|  Twice a day |  Daily |  2nd daily |  3rd daily |
|  Other – *please specify:*  |

|  |  |
| --- | --- |
| **Tick**  | **What is the main goal/intent of this wound care regimen?***(Choose one only)* |
|  | Reduce wound odour |
|  | Manage/reduce exudate |
|  | Manage/reduce bleeding |
|  | Manage/treat infection |
|  | Cosmetic appearance |
|  | Other - *please specify:*  |

|  |  |
| --- | --- |
| **Tick**  | **What other secondary reasons do you have for choosing this wound care regimen?** *(Tick all that apply)* |
|  | Reduce wound odour |
|  | Manage/reduce exudate |
|  | Manage/reduce bleeding |
|  | Manage/treat infection |
|  | Cosmetic appearance |
|  | Cost of dressings |
|  | Availability of dressings |
|  | Current routine practice |
|  | Other - *please specify:*  |

**Are you using any other products in the patient’s space to manage**

**odour?**

**Yes** – *please specify below* **No**