**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)** |  |

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

|  |  |
| --- | --- |
| **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 by  established 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 problem  or 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 the  application 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 |

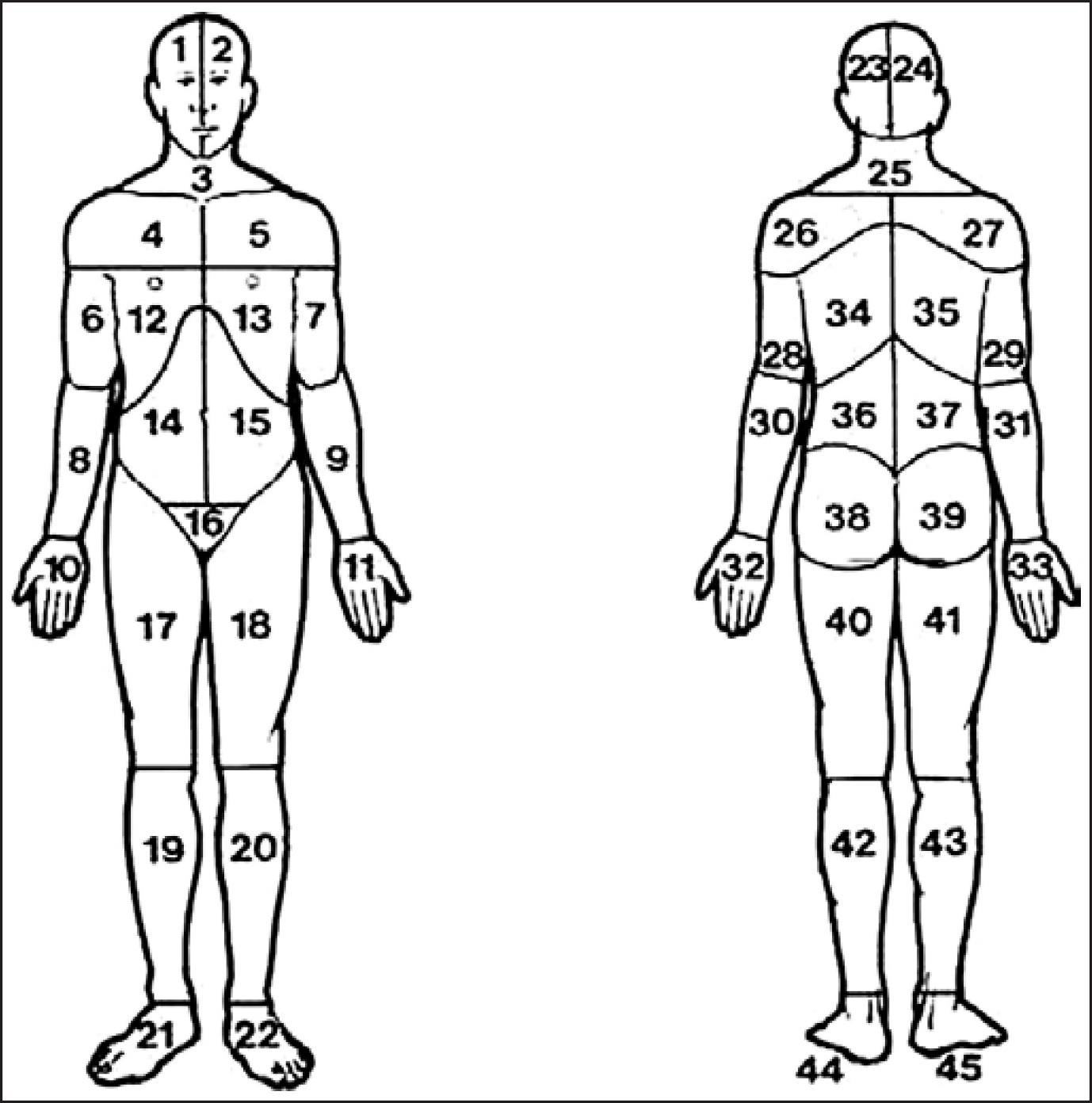
|  |
| --- |
| **Has patient had a wound biopsy?** |
| Yes *- please record result:*  No  Don’t know |
| **Known allergies to wound dressings** |
| Yes - *please specify:*  No  Don’t know |
| **Current wound infection** |
| Yes  No  Don’t know |
| **How long has the cutaneous malignant wound been present?**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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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:* |  |  |

|  |
| --- |
| **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**