

Non-formulary Dressing Reporting Form

Patient Name	CHI	Type of wound	Tick
CHP / Clinical Group		Leg Ulcer	
GP Practice / Specialty		Pressure Ulcer	
Care Home / Hospital & Ward		Diabetic Foot Ulcer	
		Other please specify	

Wound Assessment

Tissue type on wound bed	Tick	Peri-wound skin	Tick	Wound Exudate Level	Tick
Necrotic		Macerated (White)		Low	
Sloughy		Oedematous		Moderate	
Granulating		Erythema (Red)		High	
Epithelialising		Excoriated (Red)		Serous (straw)	
Hypergranulating		Fragile		Haemoserous (red / straw)	
		Dry/scaly		Purulent (green / brown / yellow)	
Signs of infection		Tick	Infection Status		Tick
None			Contaminated: Presence of non-replicating bacteria in wound		
Heat			Colonised: Replicating bacteria adhering to the wound with no detrimental effect to wound healing		
New slough / necrosis (deteriorating wound bed)			Critically colonised / Signs of local infection: Presence of bacteria at the wound bed which compromises healing but does not result in infection. Consider topical antimicrobials first-line; refer to Tayside Wound Management Formulary.		
Increasing pain			Clinically infected / Systemic: Local signs of pyrexia / rigors / spreading erythma / invasion and multiplication of micro-organisms in body tissue with overt host response. Systemic antibiotics indicated: refer to Tayside Area Formulary.		
Increasing exudate					
Increasing odour					
Friable granulation tissue					
Spreading erythema beyond 1cm					
Swab obtained for culture (not routine)					
Luminous green & odour (suspected pseudomonas)					

Dressing Selection

Formulary Dressings
Type and name of 1st line formulary dressing
Length of time used.....Reason unsuitable.....
Type and name of 2 nd line formulary dressing
Length of time used.....Reason unsuitable.....
Type and name of any non-formulary dressing used.....
Length of time used.....Reason unsuitable.....
Non-formulary Dressing Choice
Type and name of dressing.....
Perceived advantages over formulary dressings.....
.....
Anticipated duration.....
Treatment cost for this duration.....

It is my clinical opinion that this dressing is the best choice for this patient. I have considered formulary choices, clinical evidence and cost and realise I may have to substantiate this decision if necessary,

Signature..... Print Name..... Designation..... Date.....