

NHS Tayside
Wound Product Evaluation Form

Name of Product:

Manufacturer:

Details of Products and its use:

Type of wound:

	Date	Date	Date	Date
	Week 1	Week 2	Week 3	Week 4
Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Ease of Application

Excellent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Good	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Average	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Poor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other comments _____

Ease of Removal

Excellent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Good	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Average	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Poor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other comments (eg. Pain, Adherence) _____

Ability to Manage Exudate

Excellent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Good	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Average	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Poor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other comments _____

Ability to Debride Devitalised Tissue

Excellent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Good	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Average	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Poor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Comments _____

Ability to Manage Odour

Excellent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Good	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Average	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Poor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other comments _____

Ability to remain in position

Excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other comments _____

Patient Comfort

Excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other comments _____

Are there signs of clinical Infection?	YES/NO	YES/NO	YES/NO	YES/NO
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Final Assessment

Does this product do what the manufacturer says it will do?	YES/NO
Comments _____	
Was this product suitable for the intended purpose?	YES/NO
Was this product acceptable to?	Staff YES/NO Patients YES/NO
Comments _____	
Is this product on National Contract?	YES/NO
Cost of product in range?	
Comments _____	
Take to WMF Group for further discussion	YES/NO
Add to Formulary	YES/NO
Signature: _____	