

Participant ID	
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Initials of person entering data	
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Staff email	
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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

Gender 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 – <i>Please specify:</i> _____

Tick ✓	Primary Cancer (<i>please choose only one</i>)
	Breast cancer
	Head and neck cancer
	Lung cancer
	Skin cancer - <i>Please specify:</i> <input type="checkbox"/> Melanoma <input type="checkbox"/> SCC <input type="checkbox"/> BCC
	Lymphoma
	Respiratory failure
	Other cancer - <i>Please specify:</i> _____

Tick ✓	Place of Care
	Acute hospital ward
	Emergency department
	Palliative Care Unit / Hospice
	Community
	Ambulatory/Outpatient care
	Other Cancer - <i>Please specify:</i> _____

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.

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

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 \geq 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 ($10^9/L$)		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 ($\times 10^9/L$)		DD/MM/YYYY

Has patient had a wound biopsy to confirm malignancy?
<input type="radio"/> Yes - <i>please record result:</i> _____ <input type="radio"/> No <input type="radio"/> Don't know
Known allergies to wound dressings
<input type="radio"/> Yes - <i>please specify:</i> _____ <input type="radio"/> No <input type="radio"/> Don't know
Current wound infection
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know
How long has the cutaneous malignant wound been present?
<input type="radio"/> Days <input type="radio"/> < 1 month <input type="radio"/> < 3mths <input type="radio"/> < 6mths <input type="radio"/> > 6mths

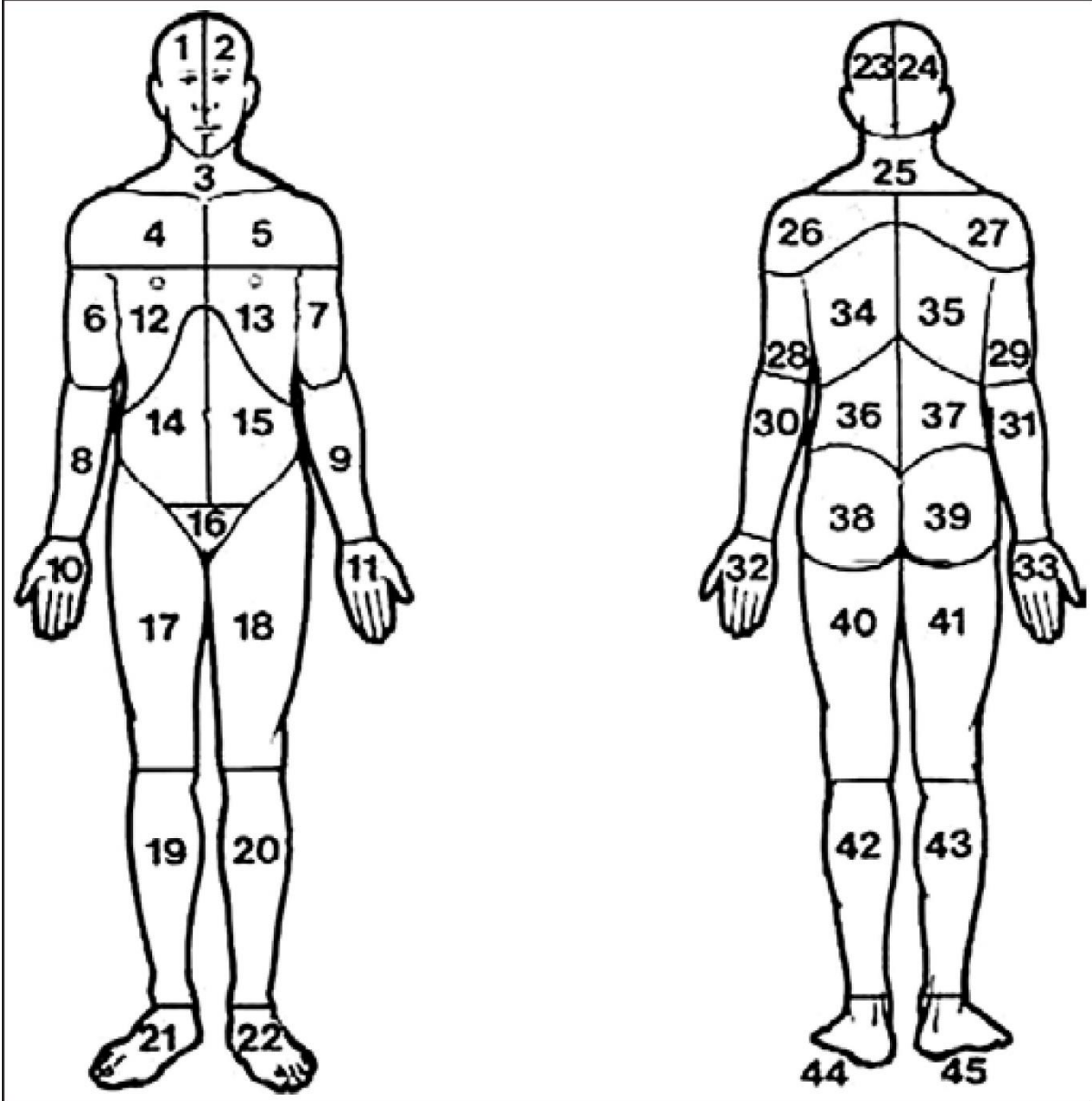
Is patient on any systemic antibiotics?				
<input type="radio"/> Yes – <i>complete table below</i> <input type="radio"/> No – <i>Go to next question</i>				
Medication Name	Route (e.g. oral, IV, IM)	Total daily dose (mg)	Date started (DD/MM/YYYY)	Length of Course (days)
			DD/MM/YYYY	
			DD/MM/YYYY	

Has radiotherapy to the wound region been administered within last month or planned within the next two weeks?			
<input type="radio"/> Yes – <i>please specify below</i> <input type="radio"/> No – <i>Go to next question</i>			
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 (<i>Please record dose given in daily dose column</i>)		(mg or mcg)
		Paracetamol		(mg)
		NSAIDS		(mg)
		Anticonvulsants including gabapentinoids		(mg)
		Antipsychotics		(mg)
		Lignocaine/mexiletine		(mg)
		Anticoagulant		(mg)
		Other – <i>e.g. Medicinal Cannabis</i> <i>Please specify here:</i> _____		

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) If site of wound goes across two numbers/areas please circle both for the sake of accuracy.



WOUND SIZE		
Width (in cms)		<input type="checkbox"/> Estimated <input type="checkbox"/> Measured
Length (in cms)		<input type="checkbox"/> Estimated <input type="checkbox"/> Measured

Today's ambient temperature (if known)

<input type="radio"/> <20°C	<input type="radio"/> 20-25°C	<input type="radio"/> 25-30°C	<input type="radio"/> 30 - 35°C	<input type="radio"/> > 35°C
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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

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

- Mild pain
- Moderate pain
- Severe pain

Wound Pain at other times

1 2 3 Ungradable No symptom Not reported

NCI Criteria

- Mild pain
- Moderate pain; limiting instrumental ADL
- Severe pain; limiting self-care ADL

Wound Exudate

1 2 3 Ungradable No symptom Not reported

NCI Criteria

- Small amount exudate
- Moderate amount of exudate; limiting instrumental ADLs
- 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

- Mild symptoms; intervention not indicated
- Moderate symptoms; intervention indicated
- Transfusion indicated; invasive intervention indicated; hospitalization
- Life-threatening consequences; urgent intervention indicated
- 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 <i>(Tick all that apply)</i>	
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 - <i>please specify:</i> _____
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
	Allyven AG
	Allyven 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 - <i>please specify name and brand:</i> _____		
	Additional other dressing - <i>please specify name and brand:</i> _____		
How often are the dressings changed? (Tick one)			
<input type="radio"/> Twice a day	<input type="radio"/> Daily	<input type="radio"/> 2 nd daily	<input type="radio"/> 3 rd daily
<input type="radio"/> Other – <i>please specify:</i> _____			

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

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

<p>Are you using any other products in the patient's space to manage odour?</p> <p><input type="radio"/> Yes – <i>please specify below</i> <input type="radio"/> No</p>

T₁ – 3 days post baseline

Date of Assessment	DD/MM/YYYY
Time of Assessment (24hr clock)	HHMM

Tick ✓	T ₁ : Assessed/Not assessed reason
	Assessed today (<i>continue to complete T₁</i>)
	Died (<i>record date of death below</i>)
	Not able to be contacted / located
	Too unwell
	Other

Date of Death*	DD/MM/YYYY
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* End Survey Here if patient not assessed due to any of the reasons above.

Today's ambient temperature (*if known*)

<input type="radio"/> <20°C	<input type="radio"/> 20-25°C	<input type="radio"/> 25-30°C	<input type="radio"/> 30 - 35°C	<input type="radio"/> > 35°C
-----------------------------	-------------------------------	-------------------------------	---------------------------------	------------------------------

Current wound infection	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know
Allergies to current wound dressings	<input type="radio"/> Yes - <i>please specify:</i> _____ <input type="radio"/> 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? (<i>Choose one only</i>)
	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
	Microdacin (Hypochlorous 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 - <i>please specify:</i> _____
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
	Allyven AG
	Allyven 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 - <i>please specify name and brand:</i> _____
	Additional other dressing - <i>please specify name and brand:</i> _____

How often are the dressings changed? (Tick one)			
<input type="radio"/> Twice a day	<input type="radio"/> Daily	<input type="radio"/> 2 nd daily	<input type="radio"/> 3 rd daily
<input type="radio"/> Other – <i>please specify:</i> _____			

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 - <i>please specify:</i> _____

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 - <i>please specify:</i> _____

Are you using any other products in the patient's space to manage odour?	
<input type="radio"/> Yes – <i>please specify below</i>	<input type="radio"/> No

T₂ – 7 days post baseline

Date of Assessment

DD/MM/YYYY

Time of Assessment (24hr clock)

HHMM

Tick ✓	T ₂ : Assessed/Not assessed reason
	Assessed today (<i>continue to complete T₂</i>)
	Died (<i>record date of death below</i>)
	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 (*if known*)

<20°C

20-25°C

25-30°C

30 - 35°C

> 35°C

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
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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
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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 - <i>please specify:</i> _____
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
	Allyven AG
	Allyven 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 - <i>please specify name and brand:</i> _____
	Additional other dressing - <i>please specify name and brand:</i> _____

How often are the dressings changed? (Tick one only)			
<input type="radio"/> Twice a day	<input type="radio"/> Daily	<input type="radio"/> 2 nd daily	<input type="radio"/> 3 rd daily
<input type="radio"/> Other – <i>please specify:</i> _____			

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

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

<p>Are you using any other products in the patient's space to manage odour?</p> <p><input type="radio"/> Yes – <i>please specify below</i> <input type="radio"/> No</p>