Participant ID		
Initials of person ent	ering 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 (T ₀)								
Date of Asse	essment		DD/M	1M/YYYY				
Time of Ass	Time of Assessment (24hr clock)					·		
Demographic	Demographics							
Gende r ○ Male ○ Female ○ Oth								
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 – <i>Please</i>			
	specify:			

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

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

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						

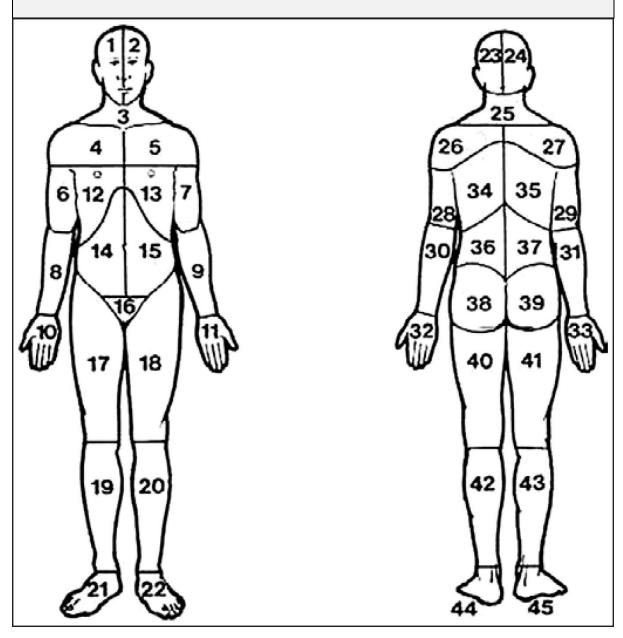
Tick ✓		,					
Yes	No	Don't know	Does patient have any of the following? (Tick all that apply)				
			Congestive cardiac failure				
			Peripheral vascular disease (includes aortic aneurysm ≥ 6 cm)				
			Connective tissue disease				
			Moderate or severe renal disease				
			Diabetes with end organ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

Laboratory Tests (in last 7 days only if available)							
Test Value/Result Date of test							
WCC (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 (x 10 ⁹ /L)		DD/MM/YYYY					

Has pat	tient had	l a wo	ound biopsy to	conf	irm malig	nancy	?	
○ Yes -	please re	cord r	esult:			-	○ No	O Don't know
Known	allergie	s to w	ound dressings	5				
○ Yes -	please sp	ecify:				_	\bigcirc No	○ Don't know
Current	wound	infec	tion					
○ Yes	0	No	○ Don't kn	ow				
How lo	ng has t	ne cut	taneous malign	ant	wound be	en pr	esent?	
O Days	0 <	1 mo	nth ○ < 3m	ths	○ < 6r	nths	O > (6mths
Is patie	ent on ar	ıy sys	temic antibioti	cs?				
O 1	es – con	nplete	table below	\bigcirc I	No – Go to	next o	guestion	
Medica	tion Nar	ne .	Route		tal daily		e started	Length of
		(e.g. oral, IV, IM)	de	ose (mg)	(DD/	MM/YYYY)	Course (days
						DD/I	MM/YYYY	
						ו/טט/ו	<u> </u>	
planne	d within	the n	the wound regi ext two weeks' ecify below	?	lo – <i>Go to l</i>	next q	uestion	
Dos	e (Gray)		Fractionation	ractionation Date of fir			st	Date of last fraction
				DD/MM/YYYY			Υ	DD/MM/YYYY
	Other Co	oncur	rent Medication	ıs pa	atient is ta	aking	(classes o	f drugs)
Tic	k ✓							Total
Yes	No		Class o	Class of Drug			Name	Daily dose (mg/mcg
		Ster	oids					(mg)
		Tric	yclic antidepressa	nts				(mg)
		Ben	Benzodiazepines					(mg)
		SSRIs (mg)						
		Regular Opioids (mg or mcg						
		Opioids prior to wound care only (Please mg or mcg						
		record dose given in daily dose column)						
								(mg)
		NSA		dina	anhanantir	a o i d o		(mg)
			convulsants inclu	uirig	yavapentir	iolus		(mg)
								(mg)
		Anticoagulant (mg)						(mg)
			er – <i>e.g. Medicina</i>	al Ca	nnahis			(1119)
			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*) *If site of wound goes across two numbers/areas please circle both for the sake of accuracy.*



WOUND SIZE			
Width (in cms)		Estimated	☐ Measured
Length (in cms)		Estimated	☐ Measured

Today's ambier	nt temperature (if known)		
○ <20°C	○ 20-25°C	○ 25-30°C	○ 30 - 35ºC	○ > 35°C

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

	-		mplete odour s			ating s	scales t	o enab	le us to	get ti	he most
□ Wo	und M	alodou	r	•	-						
0 1 0 1	O 2		_	5 (○ 6						
1. No c 2. Sligi	odour: N nt: Odou	r is evider		even at t	the patien by to the p	atient wł	nen the di	ressing is	removed		
4. Stro dres	ng: Odo sing rem	ur is evide oved.	ent on ent	ering the	room (6-	-10 feet o	or 2–3 me	ters from	the patie	ent) with	
dres	sing inta	ct.				-				,	
6. Ext r	eme od	our: Odo	ur is evide	ent outsid	e of the r	oom with	the dress	sing intac	t		
		-	te the c				•	th 0 = r	no odour	at all; a	and 10 =
0	1	2	3	4	5	6	7	8	9	10	Not reported
No odou	ſ			Mod	lerate odc	our			Worst	possible (odour
□ Wo ○ 1 NCI Cri	O 2	_	i ng this O Ungr			_	○ Not	reporte	ed		
1. Mild 2. Mode 3. Seve	erate pair	า									
□ Wo	und Pa	ain at o	ther tir	nes							
01	<u> </u>	\bigcirc 3	O Ungr	adable (○ No sy	mptom	○ Not	reporte	<u>ed</u>		
NCI Cri 1. Mild											
			instrume elf-care AD								
□ Wo	und Ex	udate									
<u> </u>	O 2	\bigcirc 3	O Ungr	adable (○ No sy	mptom	○ Not	reporte	ed		
NCI Cri		exudate									
			kudate; lin	niting inst	trumental	ADLs					
3. Large	e amount	t of exuda	ite; limitin	g self-car	re ADLs						
□ Wo	und Blo	eeding	during		_	_			_		
\bigcirc 1	<u> </u>	\bigcirc 3	<u> </u>	\bigcirc 5	O Ungra	adable (O No sy	mptom	O Not	reporte	ed
NCI Cri		ns; interve	ention not	indicated	l						
2. Mode	erate syn	nptoms; ir	nterventio	n indicate	ed						
3. Tran	stusion ir	ndicated; i	invasive ir	nterventic	on indicate	ed; hospi	talization				

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	
 Mild or localized; topical intervention indicated Widespread and intermittent; skin changes from scratching (e.g., oedema, papulation, excoriations, lichenification, oozing/crusts); oral intervention indicated; limiting instrumental ADL Widespread and constant; limiting self-care ADL or sleep; systemic corticosteroid or immunosuppre 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 ADL3. 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? = no relation at all to wound; and 10 = completely related to wound) (Circle number in box)	n the
0 1 2 3 4 5 6 7 8 9 10	Not
	Not reported
Not related at all Moderately related to wound Completely related to w	reported
Not related at all Moderately related to wound Completely related to w	reported
	reported vound
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	reported vound
Not related at all Moderately related to wound Completely related to wound Depression 1	reported vound
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	reported vound
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	reported vound
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 not	reported vound
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 not in the box) 0 1 2 3 4 5 6 7 8 9 10	reported vound nd? number Not
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 not in the box) 0 1 2 3 4 5 6 7 8 9 10	reported vound nd? number 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 not in the box) 0 1 2 3 4 5 6 7 8 9 10	nd? Not reported vound

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
	Allyven AG
	Allyven AG Gentle Border
	Aquacel AG
	Aquacel AG Foam
	Atrauman
	Bactigras
	Biatain AG
	Biatain Alginate AG
	Carboflex

Carbone	t		
Combine	}		
Duodern	n CGF		
Durafibe	r AG		
Exufibre	AG+		
Flagyl Ge	el		
Flamazin	e		
Inadine			
Iodosorb)		
Intrasite	gel		
Jelonet			
Kaltostat	-		
Kendall A	AMD Antimicro	bial foam	
Kerlix AN	1D		
MediHon	ey wound gel/	medical honey (Integ	gra LifeSciences)
Medihon	ey Gel sheet (1	Integra LifeSciences)	
Medihon	ey Tulle Dressi	ing (Integra LifeScier	nces)
Melgisor			
Mepilex /			
	Border AG		
-	Transfer AG		
Mepitel A			
Multidex			
Polymen			
	calcium Alginat	te with silver	
Sorbact			
	Hydroactive		
Sorbalgo			
Sorbion			
Telfa AM			
Tranexa	mic Acid		
Tubifast	•		
Urgocell			
	Charcoal		
	Care 18+ (Com	ivita)	
Zetuvit			
Zorflex			are wal
Other dr	essing - <i>piease</i>	e specify name and b	orana:
Addition	al other dressir	ng - <i>please specify na</i>	ame and brand:
How often are th	e dressings	changed? (Tick o	one)
O Twice a day	O Daily	○ 2 nd daily	○ 3 rd daily
Other – please sp	pecify:		

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 yo	u using any other products in th	ne patient's space to manage
odour	Yes – please specify below	○ No

T ₁ - 3 days post baseline		
Date of Assessment	DD/MM/YYYY	
Time of Assessment (24hr clock)	ННММ	

Tick ✓	T ₁ : Assessed/Not assessed reason		
	Assessed today (continue to complete T_1)		
	Died (record date of death below)		
	Not able to be contacted / located		
	Too unwell		
	Other		

^{*} 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	○ Yes -	please specify:				
dressings	\bigcirc No					

Has patient commenced any systemic antibiotics since baseline?						
○ Yes – Complete table below ○ No – Go to next question						
Medication Name	Medication Name Route (e.g. oral, IV, IM) Route (dose (mg) Date started (DD/MM/YYYY) 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.

□ Wo	und Ma	alodoı	ur								
\bigcirc 1	○ 2	\bigcirc 3	0 4	\bigcirc 5	○ 6						
 No o Slight Mod Stro dress Very dress 	nt: Odour erate: O ng: Odou sing remon strong: sing intac	o odour r is evide dour is evideur is evideu	is evident, ent at clos evident at dent on en is evident	se proximi close pro ntering the on enteri	the patien ity to the poximity to the e room (6-ing the room de of the room	patient wh the patier –10 feet c om (6–10	hen the dr nt when th or 2–3 me feet or 2-	ressing is he dressin eters from -3 meters	removeding is intaction the patients of the pa	I ct. ent) with t	
		-			from th				•	= no od	
0	1	2	3	4	5	6	7	8	9	10	Not reported
No odour	-			Мо	derate odd	our			Worst	possible o	odour
O 1 NCI Crit 1. Mild	○ 2 <i>Iteria</i> pain erate pain	○3	_		sing cha O No sy	_	O Not	reporte	<u>ed</u>		
_		in at (○3	other ti O Ungi		○ No sy	ymptom	. ○ Not	reporte	ed		
	pain erate pair		ng instrume self-care A		-						
□ Wol	und Ex	udate	1		<u> </u>		~ · · ·				
∪ <u>1</u> NCI Cri	O 2	\bigcirc 3	Ung	radable	O No sy	/mptom	<u> ○ Not</u>	reporte	<u>:d</u>		
1. Smal	l amount			imiting in:	strumental	l ADLs					
			date: limiti	_							

□ Wo (und Ble	eeding	during	~	r essing O Ungra		_	mptom	○ Not	reporte	d
2. Mode 3. Tran	symptom erate sym sfusion in threatenir	ptoms; in dicated; i	ntion not intervention nvasive in nuences; u	indicate terventic	ed on indicate						
□ W o	und Ble	eeding	occurrii		ntaneo O Ungra	-			○ Not	reporte	d
2. Mode 3. Tran	symptom erate sym sfusion in threatenir	s; interve ptoms; in dicated; i	ntion not intervention nvasive in juences; u	indicated indicated tervention	l ed on indicate	ed; hospit	talization	трест	<u> </u>	теропе	u
Woun	ıd-relat ○ 2		ritus ○ Ungra	adable (○ No sy	mptom	○ Not	reporte	ed		
2. Wide liche 3. Wide	or localize espread a enification	ed; topica nd interm , oozing/c nd consta	l intervent ittent; skir crusts); ora nt; limiting	tion indic n change al interve	cated es from sci	ratching ((e.g., oed	ema, pap	oulation, e		
□ Anx ○ 1	c iety		O4 (O Ungr	adable (○ No sy	mptom	○ Not	reporte	d	
2. Mode 3. Seve	symptom erate sym ere symptom	ptoms; linoms; linoms; limit	ntion not i miting inst ing self-ca juences; u	rumenta are ADL;	l ADL hospitaliz						
			think yo wound; a								? (With 0 in the
0	1	2	3	4	5	6	7	8	9	10	Not reported
Not relat ☐ Dep ☐ 1	red at all oression 2	_	O4 (_	ately relat		_		npletely r		
2. Mode 3. Seve	depressiverate deperesered	ressive sy sive sym	oms mptoms; otoms; lim juences, th	limiting i	nstrument f-care ADL	tal ADL .; hospita	lization n	ot indicat	ed		
How	much d	lo vou	think ye	our pa	tient's	depres	sion is	relate	d to the	eir wou	ınd?
	0 = no	-	at all to	-		-					
0	1	2	3	4	5	6	7	8	9	10	Not reported
Not relat	ed at all			Moder	ately relat	ed to wo	und	Cor	npletely r	elated to	wound

	ther symptom/ha other symptom/har	` '	-may be related or unrel	ated to wound) –
○ 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
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	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
	Acticoat 3&7
	Acticoat Flex 3&7
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	Actisorb +25 Dressing
	Activon Tube Manuka Honey (Advancis Medical)
	Activon Tube Manuka Horley (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 Aquacel AG Foam

	Atrouman
	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)
<u> </u>	Zetuvit
	Zorflex
	Other dressing - please specify name and brand:
	Additional other dressing - please specify name and brand:
	Additional other dressing - <i>please specify name and brand:</i>

How often are the dressings changed? (Tick one)						
O Twice	a day	O Daily	○ 2 nd daily	○ 3 rd daily		
Other	– please sp	pecify:				
	1.00					
Tick ✓		s the main go	pal/intent of this v	vound care regimen?		
Tick ✓	(Choose	_	oal/intent of this v	vound care regimen?		
Tick ✓	(Choose Reduce	one only)		vound care regimen?		
Tick ✓	(Choose Reduce Manage	wound odour	te	vound care regimen?		
Tick ✓	(Choose Reduce Manage Manage	e one only) wound odour /reduce exuda	te ng	vound care regimen?		
Tick ✓	(Choose Reduce Manage Manage	wound odour reduce exuda reduce bleedi	te ng	vound care regimen?		

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 odour?	other products in t	he patient's spa	ce to manage
_	ease specify below	○ No	

T ₂ – 7 days post baseline	
Date of Assessment	DD/MM/YYYY
Time of Assessment (24hr clock)	ННММ

Tick ✓	T ₂ : Assessed/Not assessed reason						
	Assessed today (continue to complete T ₂)						
	Died (record date of death below)						
	Not able to be contacted / located						
	Too unwell						
	Other						

^{*} 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	O 25	5-30ºC	○ 30 - 35°C	○ > 35°C			
Current wound	infection		○ Yes	○ No ○ Don't knov	V			
Allergies to cur dressings	rent wound		○ Yes - ○ No	please specify:				
Una nationt a	ammangad an	v eveto	mic ant	ibiotics since ba	colino?			

○ Yes – Comple		_	next question	
Medication Name Route (e.g. oral, IV, IM)		Total daily dose (mg)	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.

⊔ Wo	und Ma	alodour	r								
\bigcirc 1	○ 2	\bigcirc 3	\bigcirc 4	\bigcirc 5	\bigcirc 6						
Wounds	source Se	everity Sca	ale								
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					ty to the p						
					ximity to t						
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	sing remo					/C 10	<u> </u>	2	c		
			evident o	ın enterir	ng the roo	ım (6–10	feet or 2-	-3 meters	from the	: patient)	with the
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		-			from the				•	= no od	lour at
all; and	d 10 = a	as bad a	is it could	d possii	bly be) (Circle nu	ımber in	the box	()		
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	erate pain	1									
3. Seve											
	•										
□ Wo	und Pa	in at o	ther tin	nes							
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NCI Crit		<u> </u>	<u> </u>	<u>addb.c</u>	<u> </u>	прсы	<u> </u>	ТСРОТС	<u>.u</u>		
1. Mild											
		1: limiting	instrume	ntal ADL							
			elf-care AD								
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NCI Crit	<u> </u>	\bigcirc 3	<u> </u>	<u></u>	O Ungra	<u>auabie (</u>	J INO Sy	при	<u> </u>	reporte	:u
		c: intor <i>ic</i>	ention not	indicator	Н						
			ntervention								
					on indicate	ed: hosni	talization				
		-			tervention						

5. Death

□ W ot	und Ble	eding (_			-			○ Not	reporte	d
1. Mild 2. Mode 3. Trans 4. Life-	 ○ 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 										
\bigcirc 1	O 2	ated Pi	_	adable (⊃ No sy	mptom	○ Not	reporte	ed		
2. Wide liche 3. Wide	or localize spread ar nification,	ed; topical nd intermi , oozing/c nd constai ted	ttent; ski rusts); or	n change al interve	s from sc ention indi	icated; lin	niting inst	rumental	ADL		
	\bigcirc 2	<u> </u>) 4 (O Ungra	adable (⊃ No sy	mptom	○ Not	reporte	ed	
2. Mode 3. Seve	symptoms erate sym re sympto	s; interver ptoms; lin oms; limiti ng conseq	niting inst ing self-ca	trumenta are ADL;	l ADL hospitaliz						
		lo you t									? (With 0 in the
0 Not relat	1 ed at all	2	3	4 Moder	5 ately relat	6	7	8 Con	9	10 related to	Not reported
	ression	1 ^ 2) 4 (,				. ,		
NCI Cri	<u>∪ Z</u> teria	\bigcirc 3	<u>)4 (</u>) 5 (<u> Ungra</u>	adable (J No sy	mptom	○ Not	reporte	<u>a</u>
1. Mild 2. Mode 3. Seve	depressiverate depressiverate depressive dep	ve sympto ressive sy sive symp ng conseq	mptoms; otoms; lim	niting self	-care ADI	.; hospita				ed	
How	much d	lo you t	hink v	our na	tient's	denres	sion is	relate	d to the	eir woı	ınd?
	0 = no i	relation a	_	-		-					
0	1	2	3	4	5	6	7	8	9	10	Not reported
Not relat	Not related at all Moderately related to wound Completely related to wound										
		her syn other sy	_			exists-ri	may be i	related (or unrei	lated to -	wound)
	mild	<u> </u>	modera	ate O	3 = sev	/ere	O Unai	adable			

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
	Allyven AG
	Allyven AG Gentle Border
	Aquacel AG
	Aquacel AG Foam
	Atrauman
	Bactigras
	Biatain AG
	Biatain Alginate AG
i	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