Wound Assessment and Product Evaluation Form

BerbereX®

Patient Name or Code

Product: BerbereX® Wound Cleanser

Start Date [ ] End date [ ] Patient Age [ ]
Wound Location Chart

Site

Date of onset

Print and Circle affected area

R L R L R L
Wound Assessment and Product Evaluation Form

Patient Clinical History

- Diabetes
- Vascular Insufficiency
- Arterial
- Venous
- Other

Primary Diagnosis

Secondary Diagnosis

Nutritional Status
- Poor
- Fair
- Good

Wound Classification

How long has wound existed prior to this intervention?

- Stage 1: Non blanchable erythema of intact skin
- Stage 2: Partial skin loss involving epidermis and dermis
- Stage 3: Full thickness skin loss involving damage or necrosis of subcutaneous tissue
- Stage 4: Full thickness skin & muscle loss extending to bone

If not a pressure ulcer, please classify the wound by checking the appropriate description below

- Skin Tear
- Surgical:
  - 1) Partial Thickness
  - 2) Full Thickness
- Vascular:
  - 1) Partial Thickness
  - 2) Full Thickness

Wound Color

- Red: Clean healthy granulating tissue
- Yellow: Presence of slough and wound debris
- Black: Presence of leathery scab over wound

Wound Drainage

- Serious (clear, watery)
- Sanguinous (bloody)
- Purulent (thick, yellow or brown)

Mild
- Moderate
- Heavy
Wound Odor  ○ None  ○ Slight  ○ Strong (pungent, foul smelling)

Wound Description  Please print and mark the wound chart below to record the following:

Wound Size in mm:  Week 1 _____  2 _____  3 _____  4 _____
Wound Depth in mm:  Week 1 _____  2 _____  3 _____  4 _____
Wound Tunneling in mm:  Week 1 _____  2 _____  3 _____  4 _____

Wound Evaluation  Was a sample for microbiological culture analysis obtained?
○ Swab  ○ Punch biopsy

Wound Culture Results
Predominate micro-organism found

Was the wound colonized?

Was the wound infected?

Wound Care Procedures and Products
1) Wound care products used currently or previously on this wound

2) How long were these products used?

3) If wound is result of pressure, is the patient on support or pressure relieving devices?  ○ Yes  ○ No

4) Was the wound debrided prior to application of BerbereX®?  ○ Yes  ○ No

5) If wound required cleansing, did you use BerbereX® Wound Cleanser?  ○ Yes  ○ No

6) If the wound was draining heavily did you use an absorption dressing?  ○ Yes  ○ No
7) If you used BerbereX® Wound Cleanser, how often was it used?
   ○ 1x day    ○ 2x day    ○ More often
8) Did you use BerbereX®?
   ○ Yes    ○ No
9) Which secondary dressing did you apply?
10) Was wound odor controlled with BerbereX®?
    ○ Yes    ○ No
11) Did you note the debriding action of BerbereX®?
    ○ Yes    ○ No
12) Where you satisfied with the BerbereX® action to help cleanse the wound?
13) Were you satisfied with the consistency of BerbereX®?
14) Were you satisfied with progress and rate of healing with BerbereX®?
15) Did the wound completely heal with the use of BerbereX®?
16) What is your overall assessment of the BerbereX® and the results that you obtained on treating this wound?