

Wound Assessment and Product Evaluation Form

BerbereX®

Patient Name or Code

Product: BerbereX® Wound Cleanser

Start Date End date Patient Age

Wound Location Chart

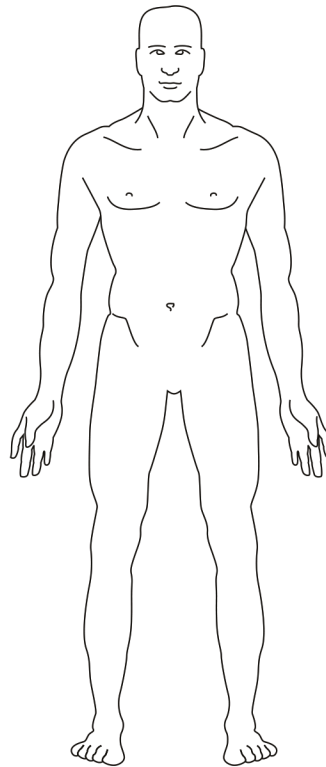
Site _____

Date of outset _____

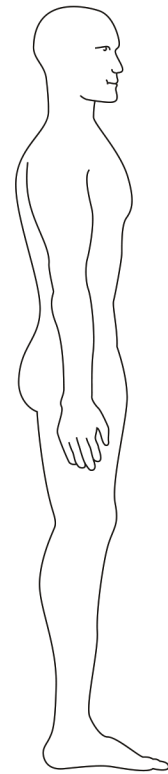
Print and Circle affected area



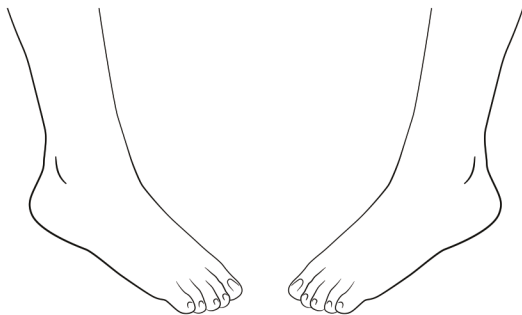
R L



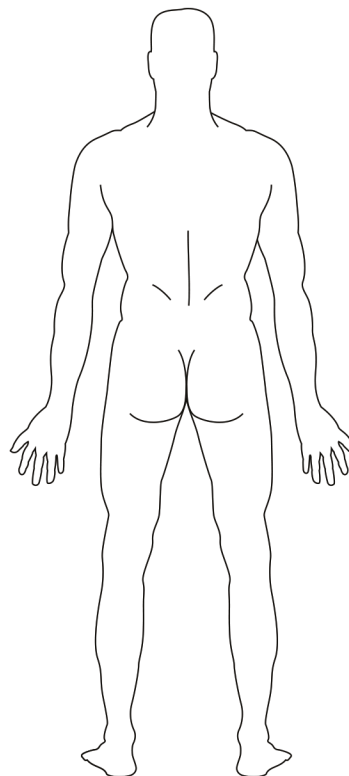
R L



R



R L



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)

Mild

Moderate

Heavy

Sanguinous (bloody)

Mild

Moderate

Heavy

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) Were 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?

