

Study ID

Patient identification sticker

AQUACEL AG Surgical Study

*Outpatient visit (7-10 days post-op) – scoring form*

Date: \_\_\_\_\_

Physician: \_\_\_\_\_

Specialized nurse : \_\_\_\_\_

Dressing change : YES / NO (circle); if yes, after how many days: \_\_\_\_\_

CDC-criteria

	YES	NO
1. Purulent drainage from incision	<input type="checkbox"/>	<input type="checkbox"/>
2. Cultured	<input type="checkbox"/>	<input type="checkbox"/>
Positive result (to fill out later)	<input type="checkbox"/>	<input type="checkbox"/>
3. Symptoms		
Pain or tenderness	<input type="checkbox"/>	<input type="checkbox"/>
Lokalized swelling	<input type="checkbox"/>	<input type="checkbox"/>
Erythema	<input type="checkbox"/>	<input type="checkbox"/>
Heat	<input type="checkbox"/>	<input type="checkbox"/>
Fever (>38°C)	<input type="checkbox"/>	<input type="checkbox"/>
4. Deliberately opening of wound by surgeon	<input type="checkbox"/>	<input type="checkbox"/>
5. Spontaneous wound dehiscence	<input type="checkbox"/>	<input type="checkbox"/>
6. Clinical signs of abcess/mastitis	<input type="checkbox"/>	<input type="checkbox"/>

Diagnosis of SSI by surgeon or attending physician (circle): JA / NEE

In case of SSI (suspicion): \_\_\_\_\_ superficial / deep (circle)

Start antibiotics (circle): \_\_\_\_\_ YES / NO

If yes, specify: \_\_\_\_\_; duration \_\_\_\_\_ days

Patient satisfaction: please rate the wound dressing (circle)

0	1	2	3	4	5	6	7	8	9	10
complete										complete
dissatisfaction										satisfaction