# NI Wound Care Formulary Product Feedback Form

## Reporter Details

**Name and Professional Address:**

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**Postcode:**

**Tel. No:**

**Speciality/Job Title:**

**Email Address:**

**Signature:**

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## Product(s) Details (please indicate clearly the wound management product that feedback is being provided on by underlining or circling the name)

<table>
<thead>
<tr>
<th>Primary Dressing Details</th>
<th>Secondary/Concurrent Dressing Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
<td><strong>Name:</strong></td>
</tr>
<tr>
<td><strong>Product Type:</strong></td>
<td><strong>Product Type:</strong></td>
</tr>
<tr>
<td><strong>Size:</strong></td>
<td><strong>Size:</strong></td>
</tr>
<tr>
<td><strong>Batch Number:</strong></td>
<td><strong>Batch Number:</strong></td>
</tr>
<tr>
<td><strong>Expiry Date:</strong></td>
<td><strong>Expiry Date:</strong></td>
</tr>
</tbody>
</table>

## Wound Details

**Wound Type, i.e. leg ulcer, pressure sore, etc:**

**Bed:**

**Exudate Levels**

**Site:**

**Size:**

**Surrounding Skin:**

**Odour:**

**Pain:**

**Infected?:**

**Antibiotics?:**

**Any Other Relevant Information:**

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## For RWMPG Use Only:

**Date Received:**

**Repeat Issue?**

**Appropriate Dressing In Situ?**

**Additional Information:**

**Action Required:**

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April 2011
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Describe the specific problem that the patient has encountered with the dressing:

<table>
<thead>
<tr>
<th>Action Taken:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of suspected problem:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Risk Assessment:</th>
</tr>
</thead>
</table>

*Do you consider the problem to be serious?*

*If yes, please indicate why the problem is considered to be serious (please tick all that apply):*

- Involved or prolonged in-patient hospitalisation
- Involved persistent or significant disability or incapacity
- Medically significant; please give details:

<table>
<thead>
<tr>
<th>Patient Outcome</th>
</tr>
</thead>
</table>

Recovered
Recovering
Continuing
Other; please give details:

<table>
<thead>
<tr>
<th>Please forward completed forms to:</th>
</tr>
</thead>
</table>

Fionnuala Lynch
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April 2011