

WOUND DETAILS (excluding drains)

17. Wound type	18. Which of the following were used to close the skin?	19. Which of the following were used after skin closure?	20. Was a dressing initially applied after surgery?	21. If yes, give trade name of dressing	22. If yes, why was this type of dressing used?
Wound 1 Port site Yes <input type="checkbox"/> No <input type="checkbox"/> wound	Glue Yes <input type="checkbox"/> No <input type="checkbox"/> Clips Yes <input type="checkbox"/> No <input type="checkbox"/> Steri-strips Yes <input type="checkbox"/> No <input type="checkbox"/> Sutures Yes <input type="checkbox"/> No <input type="checkbox"/>	Glue Yes <input type="checkbox"/> No <input type="checkbox"/> Steri-strips Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Trade name _____ Total size (cm) _____ Width _____ Length _____ Dressing ID number _____	Personal preference Yes <input type="checkbox"/> No <input type="checkbox"/> Handed by nursing staff Yes <input type="checkbox"/> No <input type="checkbox"/> Characteristics of wound Yes <input type="checkbox"/> No <input type="checkbox"/> Other Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give reason _____
Wound 2 Port site Yes <input type="checkbox"/> No <input type="checkbox"/> wound	Glue Yes <input type="checkbox"/> No <input type="checkbox"/> Clips Yes <input type="checkbox"/> No <input type="checkbox"/> Steri-strips Yes <input type="checkbox"/> No <input type="checkbox"/> Sutures Yes <input type="checkbox"/> No <input type="checkbox"/>	Glue Yes <input type="checkbox"/> No <input type="checkbox"/> Steri-strips Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Trade name _____ Total size (cm) _____ Width _____ Length _____ Dressing ID number _____	Personal preference Yes <input type="checkbox"/> No <input type="checkbox"/> Handed by nursing staff Yes <input type="checkbox"/> No <input type="checkbox"/> Characteristics of wound Yes <input type="checkbox"/> No <input type="checkbox"/> Other Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give reason _____
Wound 3 Port site Yes <input type="checkbox"/> No <input type="checkbox"/> wound	Glue Yes <input type="checkbox"/> No <input type="checkbox"/> Clips Yes <input type="checkbox"/> No <input type="checkbox"/> Steri-strips Yes <input type="checkbox"/> No <input type="checkbox"/> Sutures Yes <input type="checkbox"/> No <input type="checkbox"/>	Glue Yes <input type="checkbox"/> No <input type="checkbox"/> Steri-strips Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Trade name _____ Total size (cm) _____ Width _____ Length _____ Dressing ID number _____	Personal preference Yes <input type="checkbox"/> No <input type="checkbox"/> Handed by nursing staff Yes <input type="checkbox"/> No <input type="checkbox"/> Characteristics of wound Yes <input type="checkbox"/> No <input type="checkbox"/> Other Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give reason _____

WOUND DETAILS (excluding drains) continued

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Wound 4 Port site Yes <input type="checkbox"/> No <input type="checkbox"/> wound	Glue Yes <input type="checkbox"/> No <input type="checkbox"/> Clips Yes <input type="checkbox"/> No <input type="checkbox"/> Steri-strips Yes <input type="checkbox"/> No <input type="checkbox"/> Sutures Yes <input type="checkbox"/> No <input type="checkbox"/>	Glue Yes <input type="checkbox"/> No <input type="checkbox"/> Steri-strips Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Trade name _____ Total size (cm) _____ Width <input type="text"/> <input type="text"/> Length <input type="text"/> <input type="text"/> Dressing ID number _____	Personal preference Yes <input type="checkbox"/> No <input type="checkbox"/> Handed by nursing staff Yes <input type="checkbox"/> No <input type="checkbox"/> Characteristics of wound Yes <input type="checkbox"/> No <input type="checkbox"/> Other Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give reason _____
Wound 5 Port site Yes <input type="checkbox"/> No <input type="checkbox"/> wound	Glue Yes <input type="checkbox"/> No <input type="checkbox"/> Clips Yes <input type="checkbox"/> No <input type="checkbox"/> Steri-strips Yes <input type="checkbox"/> No <input type="checkbox"/> Sutures Yes <input type="checkbox"/> No <input type="checkbox"/>	Glue Yes <input type="checkbox"/> No <input type="checkbox"/> Steri-strips Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Trade name _____ Total size (cm) _____ Width <input type="text"/> <input type="text"/> Length <input type="text"/> <input type="text"/> Dressing ID number _____	Personal preference Yes <input type="checkbox"/> No <input type="checkbox"/> Handed by nursing staff Yes <input type="checkbox"/> No <input type="checkbox"/> Characteristics of wound Yes <input type="checkbox"/> No <input type="checkbox"/> Other Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give reason _____
Wound 6 Port site Yes <input type="checkbox"/> No <input type="checkbox"/> wound	Glue Yes <input type="checkbox"/> No <input type="checkbox"/> Clips Yes <input type="checkbox"/> No <input type="checkbox"/> Steri-strips Yes <input type="checkbox"/> No <input type="checkbox"/> Sutures Yes <input type="checkbox"/> No <input type="checkbox"/>	Glue Yes <input type="checkbox"/> No <input type="checkbox"/> Steri-strips Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Trade name _____ Total size (cm) _____ Width <input type="text"/> <input type="text"/> Length <input type="text"/> <input type="text"/> Dressing ID number _____	Personal preference Yes <input type="checkbox"/> No <input type="checkbox"/> Handed by nursing staff Yes <input type="checkbox"/> No <input type="checkbox"/> Characteristics of wound Yes <input type="checkbox"/> No <input type="checkbox"/> Other Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give reason _____

HOSPITAL POLICY DATA COLLECTION FORM

YOUR DETAILS

Name: _____

Job title: _____

HOSPITAL POLICY

1. Hospital: _____

2. Theatre: _____

3. Who have you spoken to?

Theatre Manager Yes No Procurement officer Yes No

Tissue viability nurse Yes No

4. What choice of dressings are available for surgical wounds in theatre without any infection?

5. What influences your purchasing decisions for dressings e.g. cost, quality of product, consistency of supply?

6. Would you be happy to be contacted by member of the Bluebelle research team for more in depth discussion around this topic?

Yes No

If **YES**, please provide contact details:
