

3M™ Cavilon™ Advanced Skin Protectant-Product Evaluation

Return all evaluation forms to: _____

FACILITY NAME	UNIT/DEPARTMENT	EVALUATOR NAME/TITLE	DATE OF EVALUATION

Current product(s) that you use for skin protection:

- Incontinence skin care _____
- Peristomal skin protection _____
- Periwound skin protection _____
- Peritube/device protection from body fluids _____
- Protection from friction _____

Comparing Cavilon Advanced Skin Protectant to the product you use most often for skin protection, please rate the evaluation product on the following criteria:

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	N/A
Skin protection from feces						
Skin protection (with Fecal management system in place)						
Skin protection from body fluid (type _____)						
Ability to adhere/attach to wet/weepy tissue/damaged skin						
Ease of application						
Ease of cleansing						
Patient comfort on application						
Patient comfort during cleansing						
Ease of removal (if removal required)						

Please rate the performance of Cavilon Advanced Skin Protectant:

	MUCH BETTER	BETTER	AS GOOD	WORSE	MUCH WORSE
Incontinence skin protection					
Peristomal skin protection					
Peritube/device skin protection					
Periwound skin protection					
Friction protection					

On average how many applicators did you use per application episode? _____

As a result of this evaluation, would you routinely use Cavilon Advanced Skin Protectant?

Yes No If no, why? _____

Would you recommend your facility purchase Cavilon Advanced Skin Protectant? _____

Other comments: