

3M™ Tegaderm™ Chlorhexidine Gluconate (CHG) Dressing

Product Evaluation Form

Facility Information

Facility Name _____ Start Date _____ End Date _____
Evaluator's Initials _____ Shift _____ RN IC MD Other _____

Current Protocol

What kind of dressing do you currently use?

Transparent dressing alone BioPatch® disk with transparent dressing Other _____

Do you currently use a securement device? No Yes (please specify) _____

Check the type of Tegaderm™ CHG dressing you evaluated. 1657 1658 1659 1660 1665

Did you use a securement device? No Yes (please specify) _____

How many evaluation dressings did you apply? None 1-2 3-5 6 or more

How many evaluation dressings did you remove? None 1-2 3-5 6 or more

Evaluation of Tegaderm™ CHG Dressings

Using the chart below, please rate the performance of the Tegaderm™ CHG dressing compared to your current I.V. dressing.

Performance	Much Worse	Worse	Same As	Superior	Far Superior	NA or Not Observed
Ease of applying dressing over I.V. site	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
Time required to apply dressing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
Ability to visualize the I.V. site	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
Ability to absorb fluid (blood and exudates)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
Catheter securement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
Dressing adherence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
Dressing wear time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
Ease of dressing removal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
Overall performance of the Tegaderm™ CHG Dressing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA

Comments

What did you like about the Tegaderm™ CHG dressing?

What concerns, if any, did you have about the Tegaderm™ CHG dressing?

Would you recommend the Tegaderm™ CHG dressing to replace your current dressing?

Yes No Comments _____

Please save and submit your completed evaluation form to your evaluation coordinator.



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