

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	N/A 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"/> N/A
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"/> N/A
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"/> N/A
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"/> N/A
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"/> N/A
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"/> N/A
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"/> N/A
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"/> N/A
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"/> N/A

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. Thank you.