

A survey of Surgical Wounds Healing by Secondary Intention (SWHSI) and their care: data capture form

Date of completion

DD MM YYYY

/ /

Section 1: Details of healthcare worker completing this form

1. Your Job title

- Community nurse Practice nurse Specialist nurse (Community) Podiatrist
- Hospital-based nurse (ward) Hospital-based nurse (outpatient)
- Other: _____

Section 2: Patient details

Patient's age years Patient's gender: Male Female

Ethnicity:

White British White Irish White Other Black African Black Caribbean Black Other

Asian Indian Asian Pakistani Asian Bangladeshi Asian Other White and black Caribbean

White and black African White and Asian Other mixed background Chinese Other

2. Where is this patient currently being treated? (Tick one box or all that apply)

CASTLEHILL: Hospital outpatient Hospital ward

If selected, give name and number of ward:

HULL ROYAL INFIRMARY: Hospital outpatient Hospital ward

If selected, give name and number of ward:

COMMUNITY: Podiatry clinic Nursing/care home GP practice

Own/another's home Other Community clinic

Other _____

Section 3: Wound details

3. How many surgical wounds healing by secondary intention (SWHSI) does this patient have?

1 2 3 4 5 6

IF THE PATIENT HAS MORE THAN ONE SWHSI PLEASE ANSWER THE FOLLOWING QUESTIONS FOR THE WOUND THAT YOU THINK IS THE LARGEST

4. How long has the patient had this SWHSI?

weeks OR days

5. What type of surgery lead to this SWHSI?

- Orthopaedic Colorectal Breast Neurosurgery
- Trauma Plastics Cardiothoracic Oral and maxillofacial surgery
- Vascular Urology Upper GI Obs/gynaecological
- Other (please give details)_____ Don't know

6. Please also record the name of the specific type of surgery if possible

(e.g. hernia repair, c-section, pilonidal sinus) _____

7. If possible please record the date of original surgery that lead to the SWHSI:

Day Month Year

8. Was this surgery: Emergency? Elective? Don't know?

9. Was the SWHSI a result of:

- A planned healing by secondary intention
- A surgically closed wound — **fully** broken open (**dehiscenced**) due to (for e.g.) infection or poor healing
- A surgically closed wound – **partially** broken open (**partially dehiscenced**)
- A surgically closed wound which was then **surgically opened** to become a surgical wound healing by secondary intention
- Other (please give details): _____
- Don't know

10. In your opinion, did infection significantly contribute to the development of the SWHSI?

Yes No Don't Know

11. Is this patient receiving antibiotic therapy in relation to their SWHSI?

Yes No Don't Know

12. If this wound was surgically closed and broke open (is a dehiscenced wound), please record how long after surgery the wound dehiscenced and where the patient was located when this occurred?

Days

In hospital In the community Don't know

13. What treatments is this patient's SWHSI currently receiving?

Dressings

If selected, please indicate frequency of dressing changes = per day/week

Negative pressure wound therapy

If selected, please indicate frequency of application = applications per day/week

Other If other, please state which.

If selected, please indicate frequency of application = per day/week

14. Is this patient receiving treatment for their SWHSI elsewhere?

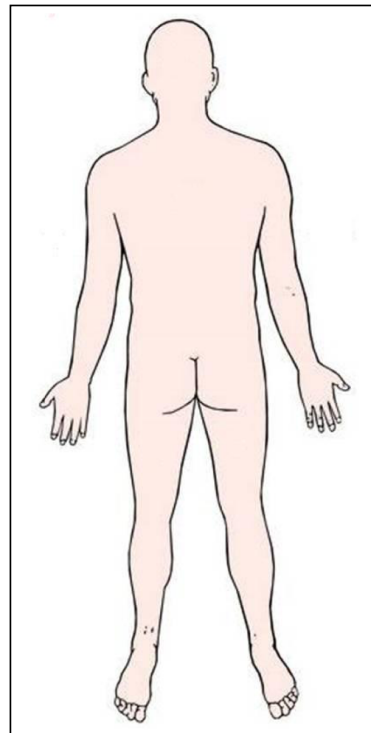
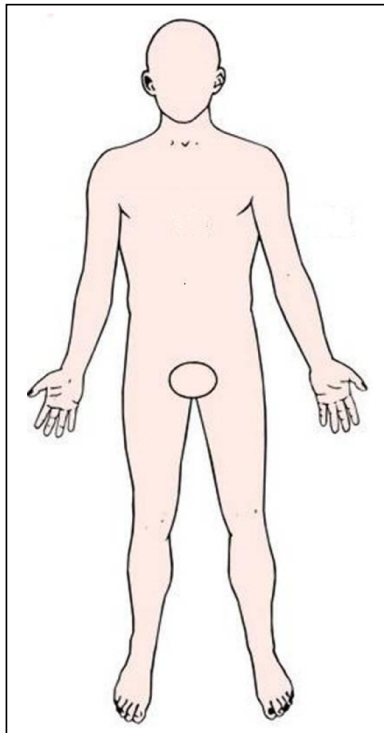
Yes

No

Don't Know

If yes, please state where: _____

15. On the picture below, please draw and label clearly the location of all current SWHSI for this patient.



Please add any comments you may have regarding data collection in this patient population