

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

Date of completion: / / 2 0 1 2
Day Month Year

Section 1: Details of healthcare worker completing this form

1. Your job title

Community / District nurse

Practice nurse

Specialist nurse (Community)

Podiatrist

Hospital-based nurse (ward)

Hospital-based nurse (outpatient)

Other (please specify):

Section 2: Patient details

2. Patient's age years

3. Patient's gender: Male Female

4. 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

Form Number

5. Where is the patient currently being treated?

(please cross one box only)

Castle Hill Hospital outpatient

Castle Hill Hospital ward

If crossed Name of Ward

Ward Number:

Hull Royal Infirmary outpatient

Hull Royal Hospital ward

If crossed Name of Ward

Ward Number:

Podiatry clinic

GP practice

Own/another's home

Nursing/care home

Other Community Clinic

If crossed Name of Clinic:

Other

If 'Other' please specify:

Section 3: Wound details

6. How many surgical wounds healing by secondary intention (SWHSI) does this patient have? *(please circle one response only)*

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

7. How long has the patient had this SWHSI?

weeks

OR

days

8. What type of surgery led to this SWHSI?

Orthopaedic

Colorectal

Breast

Neurosurgery

Trauma

Plastics

Cardiothoracic

Oral and
maxillofacial surgery

Vascular

Urology

Upper GI

Obs/gynaecological

Don't know

*Other

*Please give details

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

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

10. Please record the date of original surgery that led to the SWHSI?

/

/

Day

Month

Year

11. Was this surgery: Emergency?

Elective?

Don't know?

12. Is 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

Don't know

Other (please give details):

13. To the best of your knowledge, is this wound healing by secondary (as opposed to primary) intention because of an infection that developed after surgery?

Yes

No

Don't know

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

Yes

No

Don't know

15. If this wound was surgically closed and broke open (is a fully or partially 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

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

(please cross all that apply)

Dressings

If selected, please indicate frequency of dressing changes = per **day** or **week**
(please circle)

Negative pressure wound therapy

If selected, please indicate frequency of application = per **day** or **week**
(please circle)

Other, If other please state which:

If selected, please indicate frequency of application = per **day** or **week**
(please circle)

17. Is this patient also receiving treatment for their SWHSI elsewhere?

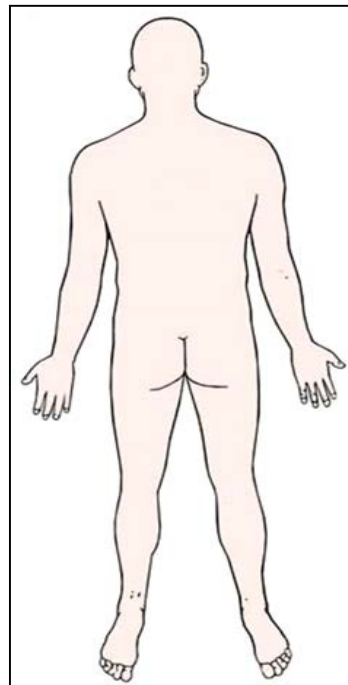
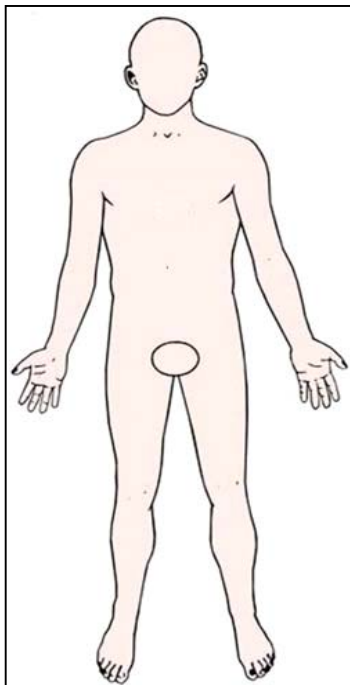
Yes

No

Don't know

If yes, please state where:

18. 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