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

Date of completion: [ ] Day / [ ] Month / [2012] 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 (dehisced) due to (for e.g.) infection or poor healing
- A surgically closed wound - partially broken open (partially dehisced)
- 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 dehisced wound), please record how long after surgery the wound dehisced 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