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| A. Employee Background | 1. Name: 2. Age: | |
| 3. Sex: Male Female | 4. Employed at Facility since: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | |
| 5. What is your level of professional training on the wound care team? RN MD LPN LVN Other\_\_\_\_\_\_\_\_\_\_\_  6. a. Have you received training in infection control practices? Yes No Unknown  b. If yes, when was your most recent training? < 1month 2-6 months 6-12months >1year | |
| **B. Wound care** | 7. How many new wound consults do you see per day?  0-4 5-9 10 or more | |
| |  | | --- | | 8. On average, how many patients with wounds do you see per day? 0-10 10-20 20-30 30 or more  9. a. When evaluating a new consult or reassessing an old patient, do you perform a full skin examination? Yes No  b. If so, how do you report new wounds found on your exam?  Medical Chart Report to Nurse Report to Doctor Other  10. Is there a standardized risk assessment tool used to document skin breakdown/ pressure ulcer formation (e.g. Braden Scale) Yes No Unknown |   11. How often do you reassess wounds and document wound healing?  Daily 3-7 days 8-14 days Monthly Quarterly Other: \_\_\_\_\_\_\_\_\_  12. What types of care do you perform on the wound care team?  Incision and Drainage Undressing/Redressing Cleaning wound Wound vac care Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  13. Have you ever discovered pieces of foam/cotton gauze present in the wound from previous dressing changes? Yes No Unknown | | |
| **C. Negative-pressure wound therapy** | 14. Have you been specifically trained in the use of negative-pressure wound therapy?  Yes No | |
| 15. If so, when was your most recent training? < 1month 2-6 months 6-12months >1year  16. How many residents require negative-pressure wound therapy/wound vac? \_\_\_\_\_\_\_\_\_  17. What type of wound vac is used at your facility?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  18. Who is responsible for the original placement and replacement of the wound vac?  Patient RN CNA MD Only wound care team Other  19. Who is allowed to change the wound vac cartridges and settings? (select more than 1 if applicable)?  Patient RN CNA MD Only wound care team Other  20. How often is a patient with a wound vac reassessed?  Daily 2-3xweek Weekly Monthly Other  21. Are their patients per week are found to have full drainage cartridges or fluid backing up into the drainage tubing?  22. If yes, how would this issue be reported?  Medical Chart Report to Nurse Report to Doctor Other  23. When replacing the wound vac on the same patient, are any of the following re-used?  (select more than 1 if applies)  foam/gauze adhesive dressing drainage tubing other  24. If worsening wound is observed, is the wound vac replaced before a physician consult?  Yes No Symptoms specific  25. If symptoms specific please specify what symptoms would prompt you to replace the wound vac *before* a physician consult?  26. What symptoms for a “worsening wound” prompts a physician consult?  change in character of drained fluid increase in fluid drainage increasing erythema pain increase in size | | |