***Genadyne XLR8***

**NPWT Trial Evaluation Form**

Patient History:  
Location of Wound: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Wound:

**⃝** Pressure Ulcer **⃝** Trauma **⃝** Surgical **⃝** Partial Thickness Burn

**⃝** Dehisced **⃝** Diabetic **⃝** Venous Ulceration **⃝** Flap or Graft

**⃝** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has patient been on a NPWT product in last 30 days?

**⃝** Yes **⃝** No

Have there been any medical conditions in last 30 days that may impede the progression of wound healing? **⃝** Yes **⃝** No

If yes, please indicate:

**⃝** Co-Morbities **⃝** Medications

**⃝** Infections **⃝** Nutritional Status

**⃝** Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluation Parameters:

Treatment Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Location)

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Start) (End)

Therapy Units Provided @ No Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*At the end of the pre-determined evaluation period, established rental rates will apply.*

*(Signature/Date)*

Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CMS Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Genadyne XLR8***

***NPWT Wound Progression Data Sheet***

(Initial Day of Therapy)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinician Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Measurements:

**\_\_\_\_\_\_\_\_\_\_cm Length \_\_\_\_\_\_\_\_\_cm Width \_\_\_\_\_\_\_\_\_cm Depth\_\_\_\_\_\_\_ Volume**

Undermining: \_\_\_\_\_\_\_\_\_\_\_cm @ \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_ o’clock

Sinus/Tunneling: \_\_\_\_\_\_\_\_\_\_\_\_\_cm @ \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_ o’clock

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Exudate** | | | **Wound Bed** | | | **Wound Margins** | | | | | |
| ***Quantity*** |  | Minimal | ***Color*** |  | Beefy Red |  | Edematous | |  | | Clean |
|  |  | Moderate |  |  | Red |  | Calloused | |  | | Intact |
|  |  | Heavy |  |  | Pink |  | Macerated | |  | | Jagged |
| ***Type/Color*** |  | Serous |  |  | White | ***Surrounding Tissue*** | | | | | |
|  |  | Serosanguinous |  |  | Yellow |  | Pink |  | | Cool | |
|  |  | Bloody |  |  | Brown |  | White |  | | Blanched | |
| ***Odor*** |  | Absent |  |  |  |  | Red |  | | Shiny | |
|  |  | Foul |  |  |  |  |  |  | | Edematous | |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Measurements:

**\_\_\_\_\_\_\_\_\_\_\_cm Length \_\_\_\_\_\_\_\_\_\_cm Width \_\_\_\_\_\_\_\_\_\_cm Depth \_\_\_\_\_\_\_\_\_\_Volume**

Undermining: \_\_\_\_\_\_\_\_\_\_\_cm @ \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_ o’clock

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***Genadyne XLR8***

***NPWT Wound Progression Data Sheet***

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinician Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Measurements:

**\_\_\_\_\_\_\_\_\_\_\_cm Length\_\_\_\_\_\_\_\_\_\_cm Width \_\_\_\_\_\_\_\_\_\_cm Depth \_\_\_\_\_\_\_\_\_\_Volume**

Undermining: \_\_\_\_\_\_\_\_\_\_\_cm @ \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_ o’clock

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Measurements:

**\_\_\_\_\_\_\_\_\_\_\_cm Length \_\_\_\_\_\_\_\_\_\_cm Width \_\_\_\_\_\_\_\_\_\_cm Depth \_\_\_\_\_\_\_\_\_\_Volume**

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