

Product evaluation form

Establishment details	
Address	The Health Centre
	Oliver Street Ampthill Beds, MK45 2SB
Contact name	<i>Confidential</i>
Designation	TVN
Telephone number	<i>Confidential</i>
Email address	<i>Confidential</i>

Evaluation	
Start date	30/11/2018
End date	24/01/2019

Patient details		
Sex	M <input type="checkbox"/>	F <input checked="" type="checkbox"/>
Age	76	
Weight	Not able to weight	
Ward/Clinic setting	Community	
Medical conditions	Parkinsons Disease	

Risk assessment					
Scoring scale:					
Waterlow	<input checked="" type="checkbox"/>	Barden	<input type="checkbox"/>	Norton	<input type="checkbox"/>
Other					
Risk score: 28					
Admission/start of evaluation: 30/11/18					
End of evaluation: 24/01/2019					

Mobility	Yes	No
Able to reposition independently	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Needs assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No mobility	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Pressure ulcer history	Yes	No
Does the patient have a history of pressure ulcers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the patient currently have pressure ulcers?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please indicate the location and the stage/ category of the ulcer below</i>		

Location	Ulcer stage / category					
	1	2	3	4	Suspected deep tissue injury	Unstageable
Sacrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trochanter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buttocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ischial Tuberosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Product code: UPRA3678DT-2

Product name: Heritage II Digital Turn

Please score answers between 1 and 5 (Please score by typing an X in the relevant field)	1 Very poor	2 Poor	3 Average	4 Good	5 Excellent
Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ease of use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Patient comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Overall impression of the product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Effectiveness of product training & supporting literature/ instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Would you recommend the product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please add any additional comments you wish in the box below

Using this product allowed the care visits to be reduced from 8 x daily down to 4 x daily. Wound progressed well and has now nearly healed.



Sacral category 4 installation day of the Heritage II Digital Turn 30-11-18



Sacral category 4 after 1 week of using the Heritage II Digital Turn



Healing category 4 sacral PU on patient discharge from TVN services 25-01-19

Evaluators name	<i>Confidential</i>	Designation	TVN
Signature	<i>Confidential</i>	Date	04/02/2019

Thank you for taking the time to complete this evaluation form.

Please return this form to your Ultimate Healthcare representative or to the details below:

Ultimate Healthcare | Calmore Industrial Estate | Totton | Southampton | Hampshire | SO40 3WW

Email: producttrial@ultimatehealthcare.co.uk | Tel: 0333 321 8996