

# 3M™ Tegaderm™ Diamond Pattern Film Dressing - CVC/PICC

Evaluator Initials: \_\_\_\_\_ Hospital: \_\_\_\_\_ Department: \_\_\_\_\_

**1. Number of Evaluation Dressings applied and/or removed:**

- Applied:     none     1     2     3     4     5     more than 5  
 Removed:    none     1     2     3     4     5     more than 5

**2. What dressing do you currently use:**

- Tape and gauze     Tegaderm™ Film Dressing     Other (please list) \_\_\_\_\_

**3. Indicate IV Site where dressing was used:**

- IJ     SC     Port     Femoral     PICC     Other \_\_\_\_\_

**4. Please rate the performance characteristics of the Evaluation Dressing compared to your current IV dressing:**

Performance Characteristic of evaluation dressing:	Much Worse	Worse	Same As	Better	Much Better
<b>Application &amp; Removal</b>					
a. Ease of Application	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Ease of Removal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Adhesive residue left on skin at dressing removal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Adhesive residue left on device at dressing removal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>Securement</b>					
e. Conforms to and adheres around catheter adapter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Adheres well to skin initially (first 24 hours)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Dressing adheres to skin duration of hospital protocol	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. Dressing holds catheter in place for duration of hospital protocol	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. Dressing's edge adheres well on skin	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>Patient Comfort</b>					
i. Comfortable for patient during wear	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. Frequency of redness, itching, irritation or maceration	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>General Performance</b>					
l. Level of visible moisture under the dressing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m. Overall performance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**5. Which dressing did you prefer overall? †**

- Evaluation dressing     Either dressing     Your current dressing

**6. Did you observe dressing lift during use of the evaluation dressing?**

- Yes     No

**If yes, where did lift occur?**     Film lifted from edge     Film lifted around catheter

**If yes, did dressing need to be replaced?**     Yes     No

**If yes, did catheter need to be re-started?**     Yes     No

**7. Would you be willing to replace your current dressing with the evaluation dressing?**

- Yes     No

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**8. Additional Comments:** \_\_\_\_\_

70-2010-8332-9

Please submit completed evaluation to your Evaluation Coordinator. Thank you