

# 3M™ Tegaderm™ Superabsorber Dressing Evaluation

Name of Evaluator	Title	Phone Number	Evaluation Dates
Health Care Facility Name			Department
Sales Representative			Phone Number

Do you presently use a superabsorber dressing?

- Yes       No

If yes, what brand of superabsorber dressing(s) do you use and what sizes?

\_\_\_\_\_

If no, what is the dressing you use to manage high exudate? Please specify brand: \_\_\_\_\_

Which Tegaderm™ Superabsorber Dressing(s) did you evaluate?

- 4" x 4"       4" x 8"       8" x 8"       8" x 12"

Please check the site(s) where Tegaderm™ Superabsorber Dressing was applied:

- Arm                                       Foot/Heel                                       Ischial Tuberosity                                       Sacrum/Coccyx
- Trochanter                                       Lower Extremity                                       Other: \_\_\_\_\_

Please check the wound type the dressing was applied to:

- Venous Leg Ulcer under compression, please specify brand: \_\_\_\_\_
- Partial Thickness Burn                                       Stage II Pressure Ulcer
- Stage III/IV Pressure Ulcer                                       Surgical Incision                                       Other: \_\_\_\_\_

Please rate Tegaderm™ Superabsorber Dressing as it compares to the high absorbent dressing you use most often:

	Much Better	Better	Same	Worse	Much Worse	N/A
Absorbency/Exudate management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance under compression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimized potential for maceration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing is comfortable for patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevents strikethrough (leakage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing softness and conformability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of dressing application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of dressing removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonadherent to the wound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suitable for use on fragile skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall dressing performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:	
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