Wound Assessment and Product Evaluation Form

This is an interactive PDF form. It can be filled out on your tablet device or computer using the Adobe Reader app. Then, print it out for your records.



Patient Name or Code

Product: Anasept® Antimicrobial Skin & Wound Cleanser Lot Number

Anasept® Antimicrobial Skin & Wound Gel Lot Number

Start Date End date Patient Age

Wound Assessment and Product Evaluation Form

Patient Clinical History

Diabetes Vascular Insufficiency Arterial Venous

Other

Primary Diagnosis

Secondary Diagnosis

Nutritional Status Poor Fair Good

Wound Classification

How long has wound existed prior to this intervention?

Stage 1: Non blanchable erythema of intact skin

Stage 2: Partial skin loss involving epidermis and dermis

Stage 3: Full thickness skin loss involving damage or necrosis of subcataneous tissue

Stage 4: Full thickness skin & muscle loss extending to bone

If not a pressure ulcer, please classify the wound by checking the appropriate description below

Skin Tear

Surgical: 1) Partial Thickness 2) Full Thickness

Vascular: 1) Partial Thickness 2) Full Thickness

Wound Color Red: Clean healthy grandualting tissue

Yellow: Presence of slough and wound debris

Black: Presence of leathery scab over wound

Wound Drainage

Serious (clear, watery) Mild Moderate Heavy

Sanguinous (bloody) Mild Moderate Heavy

Purulent (thick, yellow or brown) Mild Moderate Heavy



Wound Odor	None	Slight	Strong (pungent, foul smel	ling)	
Wound Description P	lease print and mark t	the wound chart	below to record the following:	:	
Wound	Size in mm:	Week 1	23	4	
Wound	Depth in mm:	Week 1	23	4	
Wound	Tunneling in mm:	Week 1	2 3	4	
Wound Evaluation W	-		re analysis obtained?		
Wound Culture Resu	lts				
Predom	inate micro-organism	found			
Was the	wound colonized?				
Was the	e wound infected?				
Wound Care Procedu	res and Products				
1) Wound care product	ts used currently or pr	eviously on this	wound		
2) How long were thes	e products used?				
3) If wound is result of pressure, is the patient on support or pressure relieving devices?					
4) Was the wound debrided prior to application of Anasept products?					
5) If wound required cl	eansing, did you use A	Anasept Antimic	robial Skin & Wound Cleanser?	Yes	No
6) If the wound was dr	raining heavily did yo	u use an absorp	tion dressing?	Yes	No



7) If you used Anasept Antimicrobial Skin & Wound Cleanser, how ofen was it used?

1x day 2x day More often

8) Did you use Anasept Antimicrobial Skin and Wound Gel?

Yes No

- 9) Which secondary dressing did you apply?
- 10) Was wound odor controlled with Anasept products?

Yes No

11) Did you note the debriding action of Anasept products?

Yes No

- 12) Where you satisfied with the Anasept sprayer action to help cleanse the wound?
- 13) Were you satisfied with the consistency of Anasept Gel?
- 14) Were you satisfied with progress and rate of healing with Anasept products?
- 15) did the wound completely heal with the use of Anasept products?
- 16) What is your overall assessment of the Anasept products and the results that you obtained on treating this wound?

Ordering Information Anasept® Antimicrobial Skin & Wound Cleanser							
CATALOG NO.		NDC NUMBER	SIZE	CASE QUANTITY			
4004C	(Dispensing Cap	67180-400-04	4 oz	24			
4008C	(Dispensing Cap)	67180-400-88	8 oz	12			
4008SC	(Sprayer)	67180-400-88	8 oz	12			
4008TC	(Trigger Sprayer)	67180-408-88	8 oz	12			
4012SC	(Trigger Sprayer)	67180-400-12	I2 oz	12			
4016C	(Dispensing Cap)	67180-400-16	15 oz	12			
Anasept® Antimicrobial Skin and Wound Gel							
5003G	(Tube)	67180-500-03	3 oz	12			





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Wound Location Chart

Site Date of outset

Print and Circle affected area















