

**BSSE Area Prescribing Committee - Wound Group Recommendation.  
Wound Product Evaluation Summary**

Evaluating Trust(s)			
Name of new product			
Name of comparison product			
Cost and size comparison	<b>Proposed product</b>	<b>Comparison product</b>	

Evaluation criteria	Does it do what the company claims?	Y	N	Notes
	Is it easy to apply?	Y	N	
	Does it stay in place for the required length of time?	Y	N	
	Are there any problems with use of the product?	Y	N	
	Is it easy to remove?	Y	N	
	Is it comfortable for the patient?	Y	N	
How does this product compare to comparison product?				
Evaluation setting	Secondary care ward setting			
	Secondary care out patients setting			
	Primary care GP practice			
	Primary care patients home/nursing home			
	Other (please specify).....			

**Wound Group Recommendations**

Suggested RAG	GREEN	AMBER	RED	Not recommended for addition – Non Formulary
Will the new dressing replace another formulary dressing	Y	If yes, which dressing(s) will be removed		
	N	If no, reason why this and other dressings are required		

Dressing Rationale	Type of wound product is suitable for	
	Duration dressing remains on wound before changing	
	Frequency of dressing change	
	Caution/contraindications (when not to use the dressing, patient groups to avoid etc.)	
	Rationale for inclusion in formulary	

BSSE Area Prescribing Committee Verdict	Accepted	Accepted with restrictions	Declined
	Tick	Tick	Tick
	Notes:-		