



Product Evaluation Form

Date: _____

- _____ 1. HALYARD* Bordered Foam Dressing
- _____ 2. HALYARD* Non-bordered Foam Dressing
- _____ 3. HALYARD* Bordered Sacral Dressing
- _____ 4. HALYARD* Gelling Fiber Dressing
- _____ a. Square/Rectangle
- _____ b. Ribbon
- _____ 5. HALYARD* Alginate Dressing
- _____ a. Square/Rectangle
- _____ b. Ribbon

PURPOSE: HALYARD* Advanced Wound Care dressings are designed to provide an optimal wound healing environment. The portfolio offers a range of products indicated for low to high levels of wound exudate, various sizes, and primary or secondary dressing options.

Criteria To Be Rated:	Excellent 5	Very Good 4	Good 3	Fair 2	Poor 1
Ease of Application					
Ease of Removal					
Effectiveness of Adhesive					
Exudate Absorption					
Conformability					
Wear Time					
Patient Comfort					
Appearance of Surrounding Skin					
Overall Performance					

Evaluation Period – Start Date: _____ End Date: _____

Evaluator Name (Nurse or other clinician) _____

HALYARD* dressing used as: Primary dressing _____ or Secondary dressing _____

Describe condition of site before use (in regard to % of non-viable tissue, exudate, size, depth and location).

Describe condition of site after use (in regard to % of non-viable tissue, exudate, size, depth and location).

I would recommend this product for use within this facility (boxes to check) Yes No Not Sure

Comments:

Facility Name: _____

SUBMIT FORM



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