

Participant ID Number

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VenUS IV: Compression Hosiery Trial

DRESSING LOG BOOKLET TRIAL TREATMENT

Booklet Number

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Please complete a page in the Dressing Log Booklet at each visit to the participant for treatment of any venous leg ulcer on the reference leg and complete the relevant section of the healing form or the participant event form at the appropriate times. These include:

- When the Reference ulcer has healed
- When the reference leg has healed (i.e. the participant's leg is ulcer free). Please note, if the reference ulcer has healed but the participant has unhealed venous leg ulcers on their reference leg, continue to complete this Booklet until all ulcers on the leg have healed or the participant moves from receiving trial treatment to non-trial treatment
- The participant exits the trial (i.e. the participant has been in the trial for 12 months)
- The participant has been admitted or discharged from hospital

PHOTOGRAPHS

Every 4 weeks from randomisation please take a digital photograph of the REFERENCE ULCER. When the reference ulcer heals, photographs should be taken once weekly for 4 weeks.

Please report any participant event observed today and complete the relevant form.
Please ensure you adhere to your employing Trust's adverse events procedure.

SERIOUS ADVERSE EVENTS

Participant has died (Please also complete a Participant event form)

Participant has experienced an adverse reaction to the trial treatment

Participant has been admitted to hospital for more than 24 hours (Please also complete a Participant event form)

Limb compromise

Life-threatening event

Persistent or significant disability/incapacity

Participant is a newly diagnosed diabetic

NON-SERIOUS ADVERSE EVENTS

Pressure damage

Infection

Skin damage surrounding ulcer

New ulcer

Ulcer deterioration

****PLEASE NOTE****

Please note this is not an exhaustive list, if you suspect an event is serious, please contact the Trial Coordinator at the York Trials Unit. We would rather you erred on the side of caution and reported an event to us.

DRESSING LOG BOOKLET: TRIAL TREATMENT
PLEASE COMPLETE THIS FORM EVERY TIME A PARTICIPANT IS SEEN BY A NURSE
FOR TREATMENT OF VENOUS LEG ULCERS ON THE REFERENCE LEG

1. Nurse Code - -
First three letters of SURNAME day of birth month of birth
 e.g. - -

2. Date of Visit / /
Day Month Year

3a. Time of arrival : 3b. Time of departure :

4. Who is applying the participant's treatment? (Please place a cross in one box only)
 Registered Nurse Non-registered NHS employee Other
 If 'Other' please specify _____

5. Location of today's visit (Please place a cross in one box only)
 Home Leg ulcer clinic Nursing home GP surgery Hospital ward
 Other (please specify) _____

If there has been an adverse event since your last visit, please complete an adverse event form

6. Participants randomised to **HIGH COMPRESSION HOSIERY** receiving this treatment.
 Please record the treatment delivered at this visit

a) Please cross if a **NEW** compression hosiery kit was given/applied
 If crossed, please complete ai and aii

ai) Number of **NEW** understockings given/applied to participant Number of **NEW** overstockings given/applied to participant

aii) Brand of kit (Please place a cross in one box only)
 Mediven Activa Venotrain® Jobst
 Other (please specify) _____

b) **EXISTING** compression hosiery kit applied/checked

c) Please record if you applied primary contact dressing Yes No
 If yes, what dressing(s) was used (Please cross all that apply)
 Hydrocolloid Alginate Foam Knitted viscose Hydrogel
 Capillary dressing Film Other (please specify) _____

d) Please record other treatments or procedures to reference leg:

f. Participants randomised to **4-LAYER BANDAGING** receiving this treatment.
Please record the treatment delivered at this visit

a) Please cross if 4-layer bandaging was applied
If crossed, please complete ai and aii below

ai) What type of product did you use? (Please cross)

Kit (please write brand used and size): Brand: _____ Size: _____

Individual bandaging components

aii) Please record if you applied primary contact dressing under the bandage Yes No

If yes, what dressing was used (Please cross all that apply)

Hydrocolloid Alginate Foam Knitted viscose Hydrogel

Capillary dressing Film Other (please specify) _____

b) Please cross if 4-layer bandaging checked but not reapplied

c) Please record other treatments or procedures to reference leg:

THIS SECTION IS TO BE COMPLETED IF THE PARTICIPANT'S TREATMENT IS BEING CHANGED FROM THE TRIAL TREATMENT TO ANOTHER TREATMENT.

8. Treatment change

If the participant will no longer receive the treatment to which they were randomised please record the MAIN reason for this change below.

Please pick one option

Increase in ulcer area for two consecutive weeks

Ulcer deterioration

Participant found compression treatment uncomfortable/painful

Participant was not concordant with compression treatment for another reason (Please specify) _____

Other reason for treatment change (Please specify) _____

Now that the participant has ceased to receive the treatment to which they were randomised, please stop completing trial treatment dressing log forms and record all visits using non-trial treatment dressing log forms