

Participant ID Number

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VenUS IV: Compression Hosiery Trial

DRESSING LOG BOOKLET: NON-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
- 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.

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 participants 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. Please record the treatment delivered today (Please place a cross in one box only)

- Short stretch
- 2 layer high compression bandaging
- 3 layer reduced compression bandaging
- Low compression bandaging
- 4 layer high compression bandaging
- High compression hosiery Please cross if NEW kit was used
- Low compression hosiery Please cross if NEW kit was used
- Other compression system given _____
If 'Other compression system', please specify above
- No compression
- Other treatment or procedures to reference leg _____
If 'Other treatment etc', please specify above