CLINICAL PRACTICE ASSESSMENT FORM PREVENTING INCONTINENCE ASSOCIATED DERMATITIS (IAD)

MAIL TO:
Sage Products
attn: Customer Service
3909 Three Oaks Road
Cary, IL 60013

Facility:

Sales Rep:

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Please completely fill in the appropriate response circle for all questions.	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	N/A
I am familiar with my facility's incontinence care protocol.	O	O	O	O	O
After incontinence clean-up, I always apply a protective barrier on the patient's skin.	O	O	O	O	O
The protective barrier is conveniently located for ease of access immediately following incontinence clean-up.	O	O	O	O	O
There must be an easier / better way to clean up an incontinence episode.	O	O	O	O	O
If I see a change in the patient's skin condition, I know how and what to communicate to the nurse responsible for the patient.	O	O	O	O	O
This facility has a formal policy for non-licensed staff to report changes in skin condition.	O	O	O	O	O
I know how to identify pressure ulcers.	O	O	O	O	O
I know what the warning signs are for pressure ulcers.	O	O	O	O	O
I know how to prevent pressure ulcers.	O	O	O	O	O
I can recognize changes in the skin that signal risk of skin breakdown.	O	O	O	O	O

Additional comments: