

Evaluation protocol – CuroCell Air mattresses

Health care facility:

Date of evaluation period:

Ward + No:

Responsible: Phone:

E-mail:

Mattress

CuroCell (Constant low pressure systems) AREA Zone S.A.M. S.A.M. PRO
CuroCell (Alternating pressure systems) 3 3 CX 4 AUTO4 AUTO420 Cirrus Nova Nova CX
 RAPS CX

The patients age Man Woman Weight: Height:

Please use the modified Norton Scale, Braden Scale or Waterlow Scale for the patient's risk assessment.

Category: 1 – 2 – 3 – 4

Size of the wound: _____ cm

Used risk assessment scale: _____

Points: _____

2. Indicate your assessment from 1-5 below. Please answer as many questions as possible

The patient's review

Comfort?

☹ 1 – 2 – 3 – 4 – 5 ☺

To turn/move on the mattress?

☹ 1 – 2 – 3 – 4 – 5 ☺

Staff review

Working with the patient on the mattress?

☹ 1 – 2 – 3 – 4 – 5 ☺

To clean, embed and manage the mattress?

☹ 1 – 2 – 3 – 4 – 5 ☺

Managing the pump, settings, etc. (CuroCell)

☹ 1 – 2 – 3 – 4 – 5 ☺

To understand attached instructions/user manuals?

☹ 1 – 2 – 3 – 4 – 5 ☺

How well has the mattress fulfilled your expectations?

☹ 1 – 2 – 3 – 4 – 5 ☺

3. Comments

Responsible, signature: _____

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