CALMOSEPTINE OINTMENT CASE STUDY GUIDELINES
The following pages are intended only as a guideline for your case study

Background

Fecal and Urinary incontinence as well as other skin problems can cause compromised skin integrity. Skin problems related to wounds and incontinence can be painful and difficult to treat. A treatment that can protect the area from further damage, provide an environment for healing and improve patient comfort may prevent serious complications, such as infection or pressure sore development.

Purpose of this Study

The purpose of this study is to evaluate the effectiveness of a specific treatment for various skin problems related to urinary and fecal incontinence, peri-wound skin, feeding tube site leakage, fecal or vaginal fistula drainage, moisture (such as perspiration), diaper dermatitis, etc.

Benefits

If you participate in this study, it is possible that you may experience a lower risk of complications and wounds may heal faster.

Risks

We do not think that there are significant added risks involved in utilizing this treatment instead of other commonly applied treatments.

Procedure

The product can be applied 2-4 times a day to problem area. Calmoseptine Ointment will be provided to you at no cost. Pictures should be taken before, during, and after treatment to show your progress (please included dates). Please document what was used to clean skin prior to application (see attached learning objectives for cleaning suggestions). ***It is not necessary to completely remove Calmoseptine in between applications.*** If you desire to completely remove Calmoseptine please refer to the attached learning objectives sheet for the most effective cleansers. ***Remember, baby oil or mineral oil remove Calmoseptine easily.***

Confidentiality

The results of this study will be confidential, and even though the results may be published, the identity of the patient will not be revealed.

Calmoseptine Ointment Case Study Guidelines

Investigator: _____phone #(_____)_____

Facility: _____

Patient Code (no names please): _____

Age: _____

Diagnosis: _____
_____
_____

Problem: incontinence urinary____fecal_____   fecal or vaginal fistulas_____
feeding tube site leakage_____   peri-wound skin irritation _____
moisture, such as perspiration_____   diaper rash_____
other_____

Contributing Factors: (e.g., immobility, age, # of incontinent episodes per/24 hrs): _____
_____

Previous Methods of Management: _____
_____

Pictures: Before: date_____   After: date_____

DATA	Date	Date	Date	Date	Date
Location of Involved area					
Size of Involved Area					
Description of * Skin					
Exudate/ ** Drainage					
Pain Yes or No					

Comments, Summary:_____
_____
_____

* Description of skin-   Red - R, Pink - P, Serous - S, Bloody - B, Purulent - P
** Amount-   + - Scant, ++ - Moderate, +++ - Excessive