

Skin Irritation Form

To be completed each time an electrode reaction is seen in clinic or reported externally. Please pass completed forms to the OML QA/RA coordinator and add a copy to the patient's notes.

Patient's name _____ **DOB** _____ **Male / Female**

Diagnosis _____ **Date of first set-up** _____ **Ethnicity** _____

Is the patient in clinic with you , **or is it through a telephone / e-mail contact**
(please tick one)

How long has the skin irritation been present? Days Months

Is it a first time or a reoccurrence? 1st time Reoccurrence

If a reoccurrence, please give previous date and details: _____

Which stimulator? ODFS-Pace (XL) ODFS-Pace (XL) (exercise only)
 ODFSIII O2CHSII
 MS2v2 O4CHS Other _____

Has the irritation impacted on the use of the stimulator?

No Once for a short period Several short periods
 Use limited to manage irritation Unable to use FES

Stimulator settings when irritation occurred:

Current (internal setting): ODFS-Pace mA For other stims estimate
 Pulswidth (external setting): ODFS-Pace % For other stims numerical
 Frequency (internal setting): ODFS-Pace Hz For other stims numerical

Waveform: Asymmetrical biphasic Symmetrical biphasic

Electrodes:

Electrode type and size: _____
 Batch number (if known): _____

Under which electrode (can tick both) did the irritation occur?

Black Anatomical position: _____
 Red Anatomical position: _____

What is the appearance of the irritation?

Reddened skin Bruising Raised red skin Raised spots
 Dry flaky skin Blisters Weeping blisters Bleeding skin

Notes: _____

What is the location and size of the affected area?

Edge of the electrode only . Under the electrode covering: <25% 25-50%
50 to 75% 100% of the electrode area. Outside of the electrode area

Notes: _____

Were there any known changes before irritation occurred?

- None
- Change of electrode type? _____
- Medication/changes? _____
- Heat/sweat? _____
- Soaps/lotions/washing powder etc.? _____
- Shaving? _____
- Over-used or poor care of electrodes? _____
- Poor quality electrodes? _____
- Other? _____

Is there any history of skin problems or allergies?

- None Eczema Sensitive skin Dry skin Itchiness
- Hay fever Poor blood circulation Psoriasis Dermatitis
- Other: _____

Clinician’s opinion of most likely cause of irritation: _____

Summary of clinician’s action

Alternative electrode positions , Swapped to SYM waveform , Reduced stimulation dose (current, frequency, extension, ramps), Details: _____

Swapped brand of electrode - please specify _____

Advised to reduce time FES worn / used, Details: _____

Other: _____

Has the Patient been given the OML information sheets?

Skin and Electrode Care for FES users, *Managing Skin Irritation – for FES users*

And directed to? <https://odstockmedical.com/support-for-patients/>

Clinician: Name _____ **Signature** _____

Date filled in: _____ **Clinic** _____

Photographed? Please attach printed photograph or attach electronic copy to file.