

Interventions Form



Project: Chronic Venous Ulcers (Switch) User: Lilly Haberl (My Settings)
 Messages: Nothing new
 Live Support | User Guide

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RefId: 12, Stateboards: Are they really perilous? A retrospective study from a district hospital.
 Redhnan U, Yesupalan RS, Sirina A.

and go to

Comparative Effectiveness of Treatments for Chronic Venous Ulcers Intervention Characteristics Data Abstraction Form

- Please indicate the interventions for each group below. Assign groups in the following order:
- Usual care/placebo
 - Advanced wound dressing
 - Antimicrobials
 - Surgical interventions

	Group 1	Group 2	Group 3	Group 4
Usual care/placebo	<input type="checkbox"/> Compression, 2-layer <input type="checkbox"/> Compression, short stretch <input type="checkbox"/> Compression, long stretch <input type="checkbox"/> Compression, multi-layer <input type="checkbox"/> Compression pump <input type="checkbox"/> Compression, Unna boot <input type="checkbox"/> Compression, other: <input type="text"/> <input type="checkbox"/> Compression, unspecified <input type="checkbox"/> Debridement (sharp) <input type="checkbox"/> Debridement (enzymatic)	<input type="checkbox"/> Compression, 2-layer <input type="checkbox"/> Compression, short stretch <input type="checkbox"/> Compression, long stretch <input type="checkbox"/> Compression, multi-layer <input type="checkbox"/> Compression pump <input type="checkbox"/> Compression, Unna boot <input type="checkbox"/> Compression, other: <input type="text"/> <input type="checkbox"/> Compression, unspecified <input type="checkbox"/> Debridement (sharp) <input type="checkbox"/> Debridement (enzymatic)	<input type="checkbox"/> Compression, 2-layer <input type="checkbox"/> Compression, short stretch <input type="checkbox"/> Compression, long stretch <input type="checkbox"/> Compression, multi-layer <input type="checkbox"/> Compression pump <input type="checkbox"/> Compression, Unna boot <input type="checkbox"/> Compression, other: <input type="text"/> <input type="checkbox"/> Compression, unspecified <input type="checkbox"/> Debridement (sharp) <input type="checkbox"/> Debridement (enzymatic)	<input type="checkbox"/> Co <input type="checkbox"/> Co <input type="checkbox"/> Co <input type="checkbox"/> Co <input type="checkbox"/> Co <input type="checkbox"/> Co <input type="checkbox"/> Co <input type="checkbox"/> Co <input type="checkbox"/> De <input type="checkbox"/> De
Advanced wound dressing	<input type="checkbox"/> Hydrocolloid <input type="checkbox"/> Transparent film <input type="checkbox"/> Alginate <input type="checkbox"/> Foam <input type="checkbox"/> Composite <input type="checkbox"/> Specially absorptive dressings <input type="checkbox"/> Contact layer <input type="checkbox"/> Hydrogel <input type="checkbox"/> Collagen dressing <input type="checkbox"/> Acellular skin substitute or ECM <input type="checkbox"/> Cellular skin substitute or ECM <input type="checkbox"/> Antibacterial dressings <input type="checkbox"/> Impregnated gauze <input type="checkbox"/> Biologic debriding agents <input type="checkbox"/> Other (specify): <input type="text"/>	<input type="checkbox"/> Hydrocolloid <input type="checkbox"/> Transparent film <input type="checkbox"/> Alginate <input type="checkbox"/> Foam <input type="checkbox"/> Composite <input type="checkbox"/> Specially absorptive dressings <input type="checkbox"/> Contact layer <input type="checkbox"/> Hydrogel <input type="checkbox"/> Collagen dressing <input type="checkbox"/> Acellular skin substitute or ECM <input type="checkbox"/> Cellular skin substitute or ECM <input type="checkbox"/> Antibacterial dressings <input type="checkbox"/> Impregnated gauze <input type="checkbox"/> Biologic debriding agents <input type="checkbox"/> Other (specify): <input type="text"/>	<input type="checkbox"/> Hydrocolloid <input type="checkbox"/> Transparent film <input type="checkbox"/> Alginate <input type="checkbox"/> Foam <input type="checkbox"/> Composite <input type="checkbox"/> Specially absorptive dressings <input type="checkbox"/> Contact layer <input type="checkbox"/> Hydrogel <input type="checkbox"/> Collagen dressing <input type="checkbox"/> Acellular skin substitute or ECM <input type="checkbox"/> Cellular skin substitute or ECM <input type="checkbox"/> Antibacterial dressings <input type="checkbox"/> Impregnated gauze <input type="checkbox"/> Biologic debriding agents <input type="checkbox"/> Other (specify): <input type="text"/>	<input type="checkbox"/> Hy <input type="checkbox"/> Tr <input type="checkbox"/> Al <input type="checkbox"/> Fo <input type="checkbox"/> Co <input type="checkbox"/> Sp <input type="checkbox"/> Co <input type="checkbox"/> Hy <input type="checkbox"/> Co <input type="checkbox"/> Ac <input type="checkbox"/> Ce <input type="checkbox"/> An <input type="checkbox"/> Im <input type="checkbox"/> Bk <input type="checkbox"/> Ot
Antimicrobial	<input type="checkbox"/> Amikacin <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Cefazolin <input type="checkbox"/> Cefipime <input type="checkbox"/> Cefixime <input type="checkbox"/> Cefpodoxime <input type="checkbox"/> Ceftriaxone <input type="checkbox"/> Cephalosin <input type="checkbox"/> Ciprofloxacin <input type="checkbox"/> Clavulanate <input type="checkbox"/> Daptomycin <input type="checkbox"/> Dicloxacillin <input type="checkbox"/> Ertapenem <input type="checkbox"/> Gentamicin <input type="checkbox"/> Levofloxacin <input type="checkbox"/> Linezolid <input type="checkbox"/> Moxifloxacin <input type="checkbox"/> Piperacillin tazobactam <input type="checkbox"/> Tobramycin <input type="checkbox"/> Trimethoprim/sulfamethoxazole <input type="checkbox"/> Unasyn <input type="checkbox"/> Vancomycin <input type="checkbox"/> Other systemic antibiotic <input type="text"/> <input type="checkbox"/> Placebo	<input type="checkbox"/> Amikacin <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Cefazolin <input type="checkbox"/> Cefipime <input type="checkbox"/> Cefixime <input type="checkbox"/> Cefpodoxime <input type="checkbox"/> Ceftriaxone <input type="checkbox"/> Cephalosin <input type="checkbox"/> Ciprofloxacin <input type="checkbox"/> Clavulanate <input type="checkbox"/> Daptomycin <input type="checkbox"/> Dicloxacillin <input type="checkbox"/> Ertapenem <input type="checkbox"/> Gentamicin <input type="checkbox"/> Levofloxacin <input type="checkbox"/> Linezolid <input type="checkbox"/> Moxifloxacin <input type="checkbox"/> Piperacillin tazobactam <input type="checkbox"/> Tobramycin <input type="checkbox"/> Trimethoprim/sulfamethoxazole <input type="checkbox"/> Unasyn <input type="checkbox"/> Vancomycin <input type="checkbox"/> Other systemic antibiotic <input type="text"/>	<input type="checkbox"/> Amikacin <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Cefazolin <input type="checkbox"/> Cefipime <input type="checkbox"/> Cefixime <input type="checkbox"/> Cefpodoxime <input type="checkbox"/> Ceftriaxone <input type="checkbox"/> Cephalosin <input type="checkbox"/> Ciprofloxacin <input type="checkbox"/> Clavulanate <input type="checkbox"/> Daptomycin <input type="checkbox"/> Dicloxacillin <input type="checkbox"/> Ertapenem <input type="checkbox"/> Gentamicin <input type="checkbox"/> Levofloxacin <input type="checkbox"/> Linezolid <input type="checkbox"/> Moxifloxacin <input type="checkbox"/> Piperacillin tazobactam <input type="checkbox"/> Tobramycin <input type="checkbox"/> Trimethoprim/sulfamethoxazole <input type="checkbox"/> Unasyn <input type="checkbox"/> Vancomycin <input type="checkbox"/> Other systemic antibiotic <input type="text"/>	<input type="checkbox"/> Ar <input type="checkbox"/> Ar <input type="checkbox"/> Ce <input type="checkbox"/> Ce <input type="checkbox"/> Ce <input type="checkbox"/> Ce <input type="checkbox"/> Ce <input type="checkbox"/> Ce <input type="checkbox"/> Cij <input type="checkbox"/> Cl <input type="checkbox"/> Da <input type="checkbox"/> Di <input type="checkbox"/> Eri <input type="checkbox"/> Ge <input type="checkbox"/> Le <input type="checkbox"/> Lin <input type="checkbox"/> Mo <input type="checkbox"/> Pij <input type="checkbox"/> To <input type="checkbox"/> Tri <input type="checkbox"/> Un <input type="checkbox"/> Va <input type="checkbox"/> Ot
Surgical interventions	Superficial veins reflux: <input type="button" value="Select an Answer"/>	Superficial veins reflux: <input type="button" value="Select an Answer"/>	Superficial veins reflux: <input type="button" value="Select an Answer"/>	Superficial veins reflux: <input type="button" value="Select an Answer"/>

	Deep veins reflux: <input type="text" value="Select an Answer"/>	Deep veins reflux: <input type="text" value="Select an Answer"/>	Deep veins reflux: <input type="text" value="Select an Answer"/>	Deep veins reflux: <input type="text" value="Select an Answer"/>
	Perforator reflux: <input type="text" value="Select an Answer"/>	Perforator reflux: <input type="text" value="Select an Answer"/>	Perforator reflux: <input type="text" value="Select an Answer"/>	Perforator reflux: <input type="text" value="Select an Answer"/>
	Obstructive reflux: <input type="text" value="Select an Answer"/>	Obstructive reflux: <input type="text" value="Select an Answer"/>	Obstructive reflux: <input type="text" value="Select an Answer"/>	Obstructive reflux: <input type="text" value="Select an Answer"/>
	<input type="checkbox"/> Other (specify): <input type="text"/>	<input type="checkbox"/> Other (specify): <input type="text"/>	<input type="checkbox"/> Other (specify): <input type="text"/>	<input type="checkbox"/> Other (specify): <input type="text"/>
Duration of treatment	<input type="checkbox"/> Days: <input type="text"/> <input type="checkbox"/> Weeks: <input type="text"/> <input type="checkbox"/> Months: <input type="text"/> <input type="checkbox"/> Years: <input type="text"/> <input type="checkbox"/> Not applicable <input type="checkbox"/> Not reported	<input type="checkbox"/> Days: <input type="text"/> <input type="checkbox"/> Weeks: <input type="text"/> <input type="checkbox"/> Months: <input type="text"/> <input type="checkbox"/> Years: <input type="text"/> <input type="checkbox"/> Not applicable <input type="checkbox"/> Not reported	<input type="checkbox"/> Days: <input type="text"/> <input type="checkbox"/> Weeks: <input type="text"/> <input type="checkbox"/> Months: <input type="text"/> <input type="checkbox"/> Years: <input type="text"/> <input type="checkbox"/> Not applicable <input type="checkbox"/> Not reported	<input type="checkbox"/> Days: <input type="text"/> <input type="checkbox"/> Weeks: <input type="text"/> <input type="checkbox"/> Months: <input type="text"/> <input type="checkbox"/> Years: <input type="text"/> <input type="checkbox"/> Not applicable <input type="checkbox"/> Not reported

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