

Skin Irritation Form

To be completed **each time** a skin reaction is either seen in clinic or reported by telephone.

Please place completed forms in the clinic room folder **and** leave a copy in the patient's notes.

Patient's name _____ Male / Female DOB _____

Diagnosis _____ Date of first set-up _____

Is the patient in clinic with you , or is it through a telephone conversation
(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, details please (forms describing earlier occurrences should be found in patient notes):

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

Has the irritation impacted on the use of the stimulator? Yes / No

If Yes, details: _____

Stimulator settings when irritation occurred:

Current (internal setting): ODFS-Pace mA For other stims estimate
Pulsewidth (external setting): ODFS-Pace % For other stims numerical
Frequency (internal setting): ODFS-Pace Hz For other stims numerical
Waveform: Asymmetrical biphasic Symmetrical biphasic

Electrodes:

Which electrode type was being used when irritation occurred: _____

Batch number (if known): _____

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

Black If ticked, where was black positioned: _____
 Red If ticked, where was red positioned: _____

What is the appearance of the irritation?

Is the appearance: pinkish (faint) or reddish (mild) ?

Does it blanch? Yes or No [apply firm pressure and then release - if pinkness/redness turns white, this is said to blanch. If 'yes' then erythema is indicated]

Are there any specific appearances (please tick more than one box if applicable)?

Raised lesion (area) Raised spots

Scaly or flaky skin Blister (fluid filled lesion)

Area covered by the irritation: Please just tick one.

Edge of electrodes only

One area within electrode boundary < 1cm diameter , > 1cm diameter

Several areas within boundary < 1cm diameter , > 1cm diameter

Whole area of electrode

Extends beyond area of electrode

Were there any known changes before irritation occurred?

- None
- Medication/changes? (details) _____
- Heat/sweat? (details) _____
- Soaps/lotions/etc.? (details) _____
- Shaving? (details) _____
- Over-used electrodes (e.g. poor contact)? (details) _____
- Other? (details) _____

Is there any history of skin problems or allergies?

- None Eczema Sensitive skin Dry skin Itchiness
- Hay fever Poor blood circulation
- Other (details) _____

Have you (the clinician) gone through the guidance for skin irritations? Yes / No

Was there one particular issue that may have caused the irritation (please state)?

Please provide details of any action taken or advice given to the patient:

Clinician: Name _____

Signature _____

Date filled in: _____