ESC LHIN geko™ Wound Therapy Device Eligibility Checklist and Assessment Tool
** This form must accompany the WCS assessment and the non-formulary request **

Patient Name: _____ **BRN:** _____

Eligibility Criteria		
Wound Location: _____ Number of Wounds: _____ Wound Etiology:_____ Confirmed by: _____ Largest Wound Measurement: L _____ cm x W _____ cm x D _____ cm		
1	Has evidenced-based wound care been applied for a minimum of 28 days with less than 30 % healing noted?	☐ Yes ☐ No
Clinical Assessment		
2	Lower leg assessment done, no signs/symptoms of ischemia noted; ABPI > 0.5 or TBPI > 0.64 **Results**: ABPI: Lt: _____ Rt: _____ or TBPI Lt: _____ Rt:_____	☐ Yes ☐ No
3	Attempts to improve nutrition for optimal wound healing: ie dietician consult	☐ Yes or N/A ☐ No
4	Localized or deep infection is addressed – no unresolved osteomyelitis	☐ Yes or N/A ☐ No
5	If diabetic, blood glucose levels are in normal range or being addressed	☐ Yes or N/A ☐ No
6	If compression therapy is indicated, the patient has been in compression for at least 14 days prior to geko™ initiation	☐ Yes or N/A ☐ No
7	Skin is intact with no dermatitis in the geko™ application sites	☐ Yes ☐ No
Psychosocial Criteria		
8	Patient/family can be taught to self-manage the device and are agreeable to do so	☐ Yes ☐ No
9	Patient's goal is healing of the wound and agrees to necessary lifestyle changes in order for this goal to be achieved (e.g. offloading, agrees to compression, optimizes nutrition, smoking cessation, good hygiene, diabetes education program, etc)	☐ Yes ☐ No
Physician/Nurse Practitioner		
10	Primary Care Practitioner is aware and agrees to plan of care	☐ Yes ☐ No
Exclusion Criteria		
11	Patient is older than 19 years of age	☐ Yes ☐ No
If any of the following develop/occur, geko™ therapy will be discontinued		
➢ No improvement in wound is seen at 28 days (four weeks) of treatment		
➢ Active dermatitis in area of application		
➢ Development of a DVT or PE during the treatment period		
➢ Poor adherence to wound care plan/therapy or not using geko™ as advised		
➢ Poor adherence to offloading devices or compression therapy (failure to treat-the-cause)		

_____ _____ _____
Signature of WCS/Prescriber | Print Name and Designation | Date

Ontario