

# Experience Report External Applications

## Vademecum External Applications in Anthroposophic Nursing

- Please use only *one* form per application and mark the appropriate boxes.
  - If you wish to describe an application in more detail, please use the free text space on page 5.
  - Please send an email if you desire a reply ➔ [care@vademecum.org](mailto:care@vademecum.org)
  - You can download the current version of the form from ➔ [www.vademecum.org](http://www.vademecum.org)
  - Mac users please use *Adobe Reader*. The Apple programm *Preview* is not suitable for filling in PDF forms. It's best to download and save the form first and then open it with *Adobe Reader*.
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### ▶ Application

1.1 Type of application – e.g. chest poultice, oil compress, rhythmical Einreibung

1.2 Precise area of the application

1.3 Substance used / additional substances / compound (manufacturer)

1.4 Temperature of the application – please mark the appropriate box

Hot

Temperate

Cold

Other temperature indications

1.5 Frequency of the experience – please mark the appropriate box

Proven reliable for many patients (more than 10 patients)

Proven reliable for some patients (3 – 10 patients)

Onetime experience

## ▶ Case description

Please describe your experience using a concrete example.

You are welcome to give a more thorough description of the case under item 5.

### 2.1 Clinical picture and symptoms that led to the application

Shortness of breath, fever, pain, lack of strength, sleeplessness, etc.

### 2.2 Diagnosis, medical findings, age, sex, previous history

### 2.3 What idea, experience, reason led to the application?

### 2.4 Description of the application using key words

Possibly giving a source for the technique used, literature on compresses

2.5 Duration of the application e.g. 30 minutes	Duration of the post-treatment rest e.g. 30 minutes	Time of day e.g. in the morning
Frequency e.g. 2 x daily	Number of applications e.g. total of 6 x	Duration of the therapy e.g. 2 weeks

### 2.6 Where was the application given? – e.g.hospital, private practice, at home, etc.

## 2.7 Simultaneous treatment with other therapies

Were these symptoms treated with any other therapies, applications or medications at the same time? (Summary)

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### ▶ Effect of the application

#### 3.1 Expected effect

#### 3.2 Actual effect

#### 3.3 Undesirable effects noticed

#### 3.4 Are there parameters/ evidence which demonstrate the effect?

#### 3.5 How did the patient experience the application/ the effect?

Comments by the patient, other people – quoted word-for-word if possible

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## 4 What was the further outcome?

Did the application have a lasting effect? How did this show?

## 5 Additional information

More on the case in question, additional experiences with other medical indications, list of relevant studies, books, etc.

## 6 Declaration of consent

I take full responsibility for the content of this report. I consent to the publication of this report, including my name and country, as part of a survey of the *International Forum for Anthroposophic Nursing* (IFAN). Any other personal information about me will not be published.

Yes      No      Date      in this format DD.MM.JJJJ

## 7 Sender

If you have already sent us a form with your full details before, only enter your name and email-address.

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- Alternatively print the form and post it to:  
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Vademecum Äußere Anwendungen  
Haberschlagheide 1/215 | 70794 Filderstadt | Deutschland
- Or fax the printed form to:  
0049 (0) 7555 801 209

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## 8 Free description

You can give a more thorough description of the case or add further information here