

NHS FORTH VALLEY

**Care Home – Wound Management Product Prescription Request Form**

(Use this form to **request prescriptions** for dressings, from GPs - in line with the Forth Valley Wound Management Formulary)

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| **Date of First Issue** | 20/02/2015 |
| **Approved** | 20/02/2015 |
| **Current Issue Date** | 02/04/2019 |
| **Review Date** | 02/04/2021 |
| **Version** | 4.3 |
| **EQIA** | Yes 17/10/2014 |
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| **Escalation Manager** | Scott Mitchell |
| **Group Committee****– Final Approval** | NHS Forth Valley Prescribing Group |

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**Consultation and Change Record – for ALL documents**

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| **Contributing Authors:** | Lorna Dobson - Primary Care PharmacistKelly Isles – Primary Care Pharmacy Technician |
| **Consultation Process:** | NHS FV – Wound Management Group NHS FV– Primary Care Prescribing Group |
| **Distribution:** | NHS Forth Valley wide; Care homes for older people, GP Practices, Community Pharmacies |
| **Change Record** |
| Date: 26.04.16 | Author: L.Dobson | Change- Steripaste bandage discontinued | Version 2 |
| Date: 31.01.17 | Author : L.Dobson | Changes- Algosteril has replaced Kaltostat | Version 3 |
|  |  | Intrasite Gel has replaced Activheal hydrogel |  |
|  |  | Tegaderm Foam Adhesive has replaced Permafoam Comfort |  |
|  |  | Allevyn Non-Adhesive has replaced Permafoam Non- Adhesive |  |
|  |  | 2nd Choice adhesive foam dressing Activheal removed |  |
|  |  | Medihoney Tulle has replaced Activon Tulle |  |
|  |  | Medihoney Antibacterial Medical Honey has replaced Activon HoneyOintment |  |
|  |  | Medline Sureprep Barrier Film has replaced Cavilon No Sting BarrierFilm |  |
|  |  | Sorbaderm Barrier Cream has replaced Cavilon Barrier Cream |  |
| Date: 3.4.18 |  | Comfifast Tubular Bandages replaced by Clinifast | **Version 4** |
|  |  | 2nd line super-absorbent added Kerramaxcare Dressing |  |
| Date: 14.11.18 |  | Addition of text box for request of ‘Specialist products/dressings” i.e items listed in the Specialist Products section of the NHS FV WMF |  |
| Date: 04.11.20 |  | Addition of Urgotul Absorb Border to “Specialist Products” | **Version 4.3** |



**Care Home – Wound Management Product Prescription Request Form**

(Use this form to **request prescriptions** for dressings, from GP’s - in line with the Forth Valley Wound Management Formulary) G.P. surgery – name and address……………………………………………………………………………………………………………………………………………….

Patient Name……………………………………………………………… DOB…………………………………………CHI No……………………………………………….

Address…………………………………………………………………………………………… Contact telephone number ………………………………………………

Nurse/AHP Name………………………………………………………… Signature ……………………………………… Date……………………………………………

|  |  |  |
| --- | --- | --- |
| **Dressing type** | **Name Circle required size**(Pack sizes are in brackets) | **Quantity** |
| **Low Adherent**Sterile knitted viscose | **Tricotex** | 9.5 x 9.5cm (50) |  |  |  |  |  |
| Knitted polyester with neutral triglycerides | **Atrauman** | 5 x 5cm(10) | 7.5 x 10cm (10) | 10 x 20cm(10) |  |  |  |
| Absorbent Perforated with adhesive border | **Mepore** | 7 x 8cm(55) | 10 x 11cm(40) | 9 x 20cm(30) | 11 x 15cm(40) |  |  |
| **Hydrocolloid**Non-adhesive border | **Granuflex** | 10 x 10cm(10) |  |  |  |  |  |
| **Hydrocolloid**adhesive border | **Granuflex** Square | 10 x 10cm(10) | 15 x 15cm(5) | 15 x 18cm(5) |  |  |  |
| **Hyrocolloid Thin** semi- permeable**Non-adhesive border** | **Duoderm Extra Thin** | 10 x 10cm(10) | 15 x 15cm(10) |  |  |  |  |
| **Hydrofibre** | **Aquacel Extra** | 5 x 5cm(10) | 10 x 10cm(10) |  |  |  |  |
| **Hydrofibre**Cavity dressing | **Aquacel Ribbon** | 2 x 45cm(5) |  |  |  |  |  |
| **Hydrogel** | **Intrasite Gel applipack** | 8g size (10) |  |  |  |  |  |
| **Alginate** | **Algosteril** | 5 x 5cm(10) | 10x10cm (10) | 10 x 20cm(10) |  |  |  |
| **Foam (1st choice)**Polyurethane***Non-adhesive border*** | **Allevyn Non- adhesive** | 5 x 5cm(10) | 10 x 10cm(10) | 10 x 20cm(10) | 20 x 20cm(10) |  |  |
| **Foam (1st choice)**Polyurethane***adhesive border*** | **Tegaderm Foam****Adhesive** | 10 x11cm(10) | 14.3 x 14.3cm (10) | 14.3 x15.6cm (5) | 19x22.2cm (5) |  |  |
| **Charcoal** (odour) activated charcoalabsorbent | **Actisorb Silver 220 dressing** | 10.5 x 10.5cm (10) |  |  |  |  |  |
| **Paraffin Gauze Dressing** | **Jelonet** | 10 x 10cm(10) |  |  |  |  |  |
| **Antiseptic Impregnated**Povidone Iodine | **Inadine** | 9.5 x 9.5cm (10) | 5 x 5 cm(25) |  |  |  |  |
| **Alginate and honey** | **Medihoney Apinate** | 5 x 5cm (10) | 10 x 10cm(10) | 1.9 x 30cm rope |  |  |  |
| **Gauze impregnated with Manuka Honey** | **Medihoney Tulle** | 5 x 5cm(5) | 10 x 10cm(5) |  |  |  |  |
| **Honey Ointment** | **Medihoney Antibacterial Medical Honey** | 20g tube (5) | 50g tube (1) |  |  |  |  |
| **Semi-permeable adhesive film** | **Tegaderm Film** | 6 x 7cm(10) | 12 x 12cm(10) |  |  |  |  |

|  |  |
| --- | --- |
| **Dressing type** | **Name Circle required size Quantity**(Pack sizes are in brackets) |
| **Barrier film** | **Medline Sureprep** | FoamApplicator | 1ml (25) | 3ml (25) |  |  |  |
| Spray bottle | 28ml |  |  |  |  |
| **Barrier cream** | **(Aspen) Sorbaderm** | 28g | 92g | 2g sachet (box of 20) |  |  |  |
| **Super Absorbent**Dressing Pad | **1st Line Zetuvit Plus** | 10 x 10cm(10) | 10 x 20cm(10) | 20 x 40cm(10) |  |  |  |
| Dressing without border | **2nd line Kerramaxcare** | 5 x 5cm(10) | 10 x 10cm(10) | 10 x 22cm(10) | 20 x 22cm(10) | 20 x 30cm(5) |  |
| **Sterile Dressing Pack** | **Nurse It**(with forceps) |  |  |  |  |  |  |
| Robinson Four Layerbandage system**ULTRA FOUR**(CONTACT TVN TO ENSURE CORRECT INDICATION**)** | Layer 1Wool padding/soft wadding bandage | **Ultra Four #1 Ultra Soft** | 10cm x 3.5m (1) |  |  |  |  |
| Layer 2Crepe Bandage | **Ultra Four #2 Ultra Lite** | 10cm x 4.5m (1) |  |  |  |  |
| Layer 3Light compression | **Ultra Four # 3 Ultra plus** | 10cm x 8.7m (1) |  |  |  |  |
| Layer 4 Cohesivecompression | **Ultra Four # 4 Ultra Fast** | 10cm x 6.3m (1) |  |  |  |  |
| **Clinifast** Tubular Bandages | **Limb/Trunk size** | **Roll size** | 1 x 1m roll | 1 x 3m roll | 1 x 5m roll |  |  |
| **Red Line (Small limbs)**3.5cm |  |  |  |  |  |
| **Green Line (Small/Med limbs)**5cm |  |  |  |  |  |
| **Blue Line (Large limbs)**7.5cm |  |  |  |  |  |
| **Yellow Line (extra large limbs)**10.75cm |  |  |  |  |  |
| **Beige Line (adult trunk)**17.5cm |  |  |  |  |  |
|  | **Viscopaste**10% zinc oxide | 1 bandage(7.5cm x 6m) |  |  |  |  |  |
| Wound Cleansing andIrrigation:**Prontosan** | **Irrigation solution**(cleaning and irrigation) | 350ml |  |  |  |  |
| **Wound Gel**(cleaning and moisturising) | 30ml |  |  |  |  |
| **Wound Gel ‘X’**(for larger areas- gel is too fluid) | 50g |  |  |  |  |

**Please complete the table below if requesting Non-Formulary or Specialist Dressings/Products**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Non- formulary dressing** | **Reason for request of non formulary product** (i.e TVrecommendation) | **Size** | **Quantity** | **Has this information been recorded in****patient’s notes?** |
|  |  |  |  |  |
| **Specialist Dressings / Products***Not for general wound management or routine prescribing* | **Reason for request of Specialist product** (i.e TVrecommendation) | **Size** | **Quantity** | **Has this information been recorded in patient’s notes?** |
| **Urgotul Absorb Border** | e.g. Skin tear | e.g. 6.5 x 10cm 8 x 8cm  |  |  |
|  |  |  |  |  |

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| **Other Items:** Tape etc (order non formulary products in the table above) | **Size** | **Quantity** |
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The Wound Management Formulary is available at [http://staffnet.fv.scot.nhs.uk/a-z/nursing/assuring-better-care/campaigns/tissue-viability/.](http://staffnet.fv.scot.nhs.uk/a-z/nursing/assuring-better-care/campaigns/tissue-viability/)

**CONTACT TISSUE VIABILITY NURSES ON (01324) 67374****7 fv-uhb.tissueviability@nhs.net**

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