**Nottinghamshire WOUND CARE PRESCRIPTION REQUEST FORM for Nursing Homes in the County**

**Prescriptions are required for patients who are NOT under the care of the district nursing team.**

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| NAME: | D.O.B. |
| NURSING HOME: | CONTACT TEL NO: |
| REQUESTED BY:(TRAINED MEMBER OF STAFF) | DATE: |

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| * **Please do not request / issue more than 2 WEEKS SUPPLY**
* **Please prescribe all dressings as ACUTE**
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| IRRIGATION SOLUTION, DRESSING PACKS & SWABS  |
|  | SIZE (PLEASE CIRCLE) | NO. REQUESTED |
| **SODIUM CHLORIDE – CLINIPOD or SAL-E PODS** (Sod Chlor 0.9% irrigation solution 20ml unit doses)Equivalent to IRRIPOD® | 20ml(pack of 25) |  |  x 25 |
| **NORMASOL** (sodium chloride 0.9%) | 25ml(packs of 25) | 100ml(packs of 10) |  |  |
| **365 COMMUNITY** **WOUND CARE PACK** (Equivalent to SOFTDRAPE® which are not available on FP10) | Small (gloves) | Medium (gloves) | Large (gloves) |  |
| **GAUZE SWABS type 13 light BP 1988 8 ply sterile**  | 7.5 x 7.5cm(packs of 5) |  |  |   x 5 |

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| SKIN PROTECTION / BARRIER PRODUCTS |
|  | SIZE (PLEASE CIRCLE) | NO. REQUESTED |
| **ZINC & CASTOR OIL OINTMENT BP** | 500g |  |
| **MEDI DERMA-S**Non-sting barrier film foam (formulary equivalent to CAVILON®) | 1ml applicator(pack of 5) |  x 5 |
| **MEDI DERMA-S barrier cream** | 90g tube |  |

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| PRESSURE ULCER PREVENTION |
| Kerrapro® products are designed to be washed in soap and water and reused for the same patient. Ensure fully dry. | SIZE (PLEASE CIRCLE) | NO. REQUESTED |
| **KERRAPRO HEEL** | One size (pair) |  |   |
| **KERRAPRO SACRUM** | One size (single) |  |   |
| **KERRAPRO SHEET** | 10cm x 10cm x 0.3cm (1)  | 10cm x 10cm x 1.2cm (1) |  |

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| WOUND ADHESIVE REMOVER |
|  | SIZE (PLEASE CIRCLE) | NO. TIMES PER WEEK | NO. REQUESTED |
| **APPEEL STERILE** | 5ml liquid sachets (pack of 10) |  |  x 10 |
| **APPEEL no sting**  | Wipes (pack of 30) |  |  x 30 |

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| ELASTICATED TUBULAR BANDAGES, BASIC BANDAGES, SUB-COMPRESSION WADDING |
|  | SIZE (PLEASE CIRCLE) | NO. REQUESTED |
| **KNITBAND** retention bandage | 5cm x 4m | 7cm x 4m | 10cm x 4m | 15cm x 4m |  |  |
| **CLINIFAST** | RED line – small limb 3.5cm | GREEN line – med limb5.0cm | BLUE line – large limb7.5cm | YELLOW line – child trunk10.75cm | BEIGE line – adult trunk17.5cm |  |
| **K-SOFT** sub-compression wadding | 10cm x 3.5m |  |  |  |  |  |
| **K-SOFT LONG** | 10cm x 4.5m |  |  |  |  |  |
| **K-LITE** elastomer & viscose bandage | 5cm x 4.5m | 7cm x 4.5m | 10cm x 4.5m | 15cm x 4.5m |  |  |
| **K-LITE LONG** | 10cm x 5.25m |  |  |  |  |  |

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| COMPRESSION BANDAGES |
|  | SIZE – ANKLE CIRCUMFERENCE (PLEASE CIRCLE) | NO. TIMES PER WEEK | NO. REQUESTED |
| **URGOKTWO****(K-Two)** | 18-25cm | 25-32cm |  |  |  |  |
| **URGOKTWO REDUCED****(K-Two Reduced)** | 18-25cm | 25-32cm |  |  |  |  |
| **K-FOUR** | 18-25cm | 25-30cm | >30cm |  |  |  |
| **ACTICO** | 6cm x 6m | 8cm x 6m | 10cm x 6m | 12cm x 6m |  |  |
| **KO-FLEX (contains latex)** | 10cm x 6m |  |  |  |  |  |
| **KO-FLEX LONG (contains latex)** | 10cm x 7m |  |  |  |  |  |
| **K-PLUS (latex free)** | 10cm x 8.7m |  |  |  |  |  |
| **K-PLUS LONG (latex free)** | 10cm x 10.25m |  |  |  |  |  |
| **K-THREEC (latex free)** | 10cm x 3m |  |  |  |  |  |

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| TAPES |
|  | SIZE (PLEASE CIRCLE) | NO. REQUESTED |
| **CLINIPORE** | 1.25cm x 10m  | 2.5cm x 10m | 5cm x 10m  |  |  |  |  |
| **HYPAFIX** | 2.5cm x 10m | 5cm x 10m | 10cm x 10m | 15cm x 10m | 20cm x 10m | 30cm x 10m |  |

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| NON-ADHERENT DRESSINGS FOR LOW EXUDATE |
|  | SIZE (PLEASE CIRCLE) | NO. TIMES PER WEEK | NO. REQUESTED |
| **ATRAUMAN** | 5 x 5cm | 7.5 x 10cm | 10 x 20cm | 20 x 30cm |  |   |
| **N-A** Ultra | 9.5 x 9.5cm  | 19 x 9.5cm  |  |  |  |  |

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| ABSORBENT PERFORATED DRESSINGS WITH ADHESIVE BORDER FOR LOW EXUDATE |
|  | SIZE (PLEASE CIRCLE) | NO. TIMES PER WEEK | NO. REQUESTED |
| **SOFTPORE** | 6 x 7cm  | 10 x 10cm | 10 x 15cm | 10 x 20cm | 10 x 25cm | 10 x 30cm | 10 x 35cm |  |  |

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| ADHESIVE FILM DRESSINGS FOR SUPERFICIAL LOW EXUDING WOUNDS AND SKIN PROTECTION |
|  | SIZE (PLEASE CIRCLE) | NO. TIMES PER WEEK | NO. REQUESTED |
| **CLEARFILM** | 6 x 7cm  | 10 x 12cm  | 12 x 12cm  | 15 x 20cm  | 20 x 30cm |  |  |
| **365 FILM ISLAND DRESSING** (with absorbent pad) | 5 x 7.2cm | 12 x 10cm | 20 x 10cm | 30 x 10cm |  |  |  |

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| SIMPLE FOAM DRESSINGS FOR LOW TO MODERATE EXUDATE |
|  | SIZE (PLEASE CIRCLE) | NO. TIMES PER WEEK | NO. REQUESTED |
| **SUPRASORB P SENSITIVE BORDER**(This has replaced ALLEVYN®) | 7.5 x 8.5cm | 10 x 10cm | 12.5 x 12.5cm | 12 x 15cm | 17 x 17.5cm sacrum | 23 x 23cm sacrum |  |  |

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| BASIC DRESSING PAD FOR LOW TO MODERATE EXUDATE |
|  | SIZE (PLEASE CIRCLE) | NO. TIMES PER WEEK | NO. REQUESTED |
| **EMPAD**(Equivalent to BASTOS VIEGAS® which are not available on FP10) | 10 x 10cm | 10 x 20cm | 20 x 20cm | 20 x 40cm |  |  |

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| SUPER ABSORBENT DRESSINGS FOR MODERATE TO HEAVY EXUDATE |
|  | SIZE (PLEASE CIRCLE) | NO. TIMES PER WEEK | NO. REQUESTED |
| **ZETUVIT PLUS** (Backed)DO NOT USE UNDER COMPRESSION | 10 x 10cm | 10 x 20cm | 15 x 20cm | 20 x 25cm | 20 x 40cm |  |  |
| **KERRAMAX CARE** (Non-backed)CAN BE USED UNDER COMPRESSION | 10 x 10cm | 10 x 22cm | 20 x 22cm | 20 x 30cm |  |  |  |
| **CUTIMED SORBION SACHET BORDER** (Adherent) | 10 x 10cm | 15 x 15cm | 15 x 25cm |  |  |  |  |

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| HYDROGEL DRESSINGS FOR REHYDRATION OF NECROSIS / SLOUGH, USE ON DRY OR LOW EXUDATE**ON SPECIALIST ADVICE ONLY** |
|  | SIZE (PLEASE CIRCLE) | NO. TIMES PER WEEK | NO. REQUESTED |
| **ACTIVHEAL HYDROGEL** | 8g | 15g |  |  |

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| ZINC PASTE BANDAGES – DRY AND ECZEMATOUS SKIN |
|  | SIZE (PLEASE CIRCLE) | NO. TIMES PER WEEK | NO. REQUESTED |
| **ZINC PASTE 10% bandage BP** | 7.5cm x 6m |  |  |

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| TRACHEOSTOMY DRESSING |
|  | SIZE (PLEASE CIRCLE) | NO. TIMES PER WEEK | NO. REQUESTED |
| **PERMAFOAM CLASSIC** | 8cm x 8cm |  |  |

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| HYDROCOLLOID DRESSINGS FOR REHYDRATION OF NECROSIS / SLOUGH, USE ON LOW OR MODERATE EXUDATE |
|  | SIZE (PLEASE CIRCLE) | NO. TIMES PER WEEK | NO. REQUESTED |
| **DUODERM EXTRA THIN** | 4.4 x 3.8cm | 7.5 x 7.5cm | 5 x 20cm | 10 x 10cm | 15 x 15cm |  |  |
| **DUODERM SIGNAL** | 10 x 10cm | 14 x 14cm |  |  |  |  |  |
| **TEGADERM HYDROCOLLOID** (Oval) | 10 x 12cmPad 7 x 9cm | 13 x 15cmPad 10 x 12cm |  |  |  |  |  |

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| FIBROUS / ALGINATE DRESSINGS FOR HEAVY EXUDATE.  |
|  | SIZE (PLEASE CIRCLE) | NO. TIMES PER WEEK | NO. REQUESTED |
| **AQUACEL EXTRA** | 5 x 5cm | 10 x 10cm | 15 x 15cm | 4 x 10cm | 4 x 20cm | 4 x 30cm |  |  |
| **AQUACEL RIBBON** | 1 x45cm | 2 x 45cm |  |  |  |  |  |  |

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| WOUND MANAGER BAGS |
|  | SIZE (PLEASE CIRCLE)PLEASE ALSO CIRCLE IF ACCESS PORT IS REQUIRED AS THESE ARE DIFFERENT PRODUCTS | NO. TIMES PER WEEK | NO. REQUESTED |
| **OPTION WOUND MANAGER** (Oakmed®) | Extra small | Small | Medium | Large | Square | Oblong |  |  |
| With access port | With access port | With access port | With access port | With access port | With access port |  |  |

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| ODOUR-ABSORBING DRESSINGS – CAN BE CUT TO FIT |
|  | SIZE (PLEASE CIRCLE) | NO. TIMES PER WEEK | NO. REQUESTED |
| **CLINISORB** | 10 x 10cm | 10 x 20cm | 15 x 25cm |  |  |

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| ANTIMICROBIAL – SHORT TERM USE 7-14 DAYS |
|  | SIZE (PLEASE CIRCLE) | NO. TIMES PER WEEK | NO. REQUESTED |
| **INADINE** | 5 x 5cm | 9.5 x 9.5cm |  |  |  |

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| ANTIMICROBIAL – **ON SPECIALIST ADVICE ONLY, SHORT TERM USE 7-14 DAYS USUALLY** |
| IODINE-CONTAINING |
|  | SIZE (PLEASE CIRCLE) | NO. TIMES PER WEEK | NO. REQUESTED |
| **IODOSORB** | 10g ointment | 3g powder |  |  |
| **IODOFLEX PASTE** | 5g | 10g |  |  |

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| ANTIMICROBIAL – **ON SPECIALIST ADVICE ONLY, SHORT TERM USE 7-14 DAYS USUALLY** |
| SILVER DRESSINGS |
|  | SIZE (PLEASE CIRCLE) | NO. TIMES PER WEEK | NO. REQUESTED |
| **ATRAUMAN Ag** | 5 x 5cm | 10 x 10cm | 10 x 20cm |  |  |
| **AQUACEL Ag+ EXTRA** | 5 x 5cm | 10 x 10cm | 15 x 15cm |  |  |
| **AQUACEL Ag+ RIBBON** | 1 x 45cm | 2 x 45cm |  |  |  |

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| ANTIMICROBIAL – **ON SPECIALIST ADVICE ONLY, SHORT-TERM USE 7-14 DAYS USUALLY** |
| HONEY DRESSINGS |
|  | SIZE (PLEASE CIRCLE) | NO. TIMES PER WEEK | NO. REQUESTED |
| **MEDIHONEY** | 20g tube |  |  |  |
| **MEDIHONEY TULLE** (Viscose mesh) | 10 x 10cm |  |  |  |
| **MEDIHONEY APINATE** (Alginate) | 5 x 5cm | 10 x 10cm |  |  |

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| ANTIMICROBIAL – **ON SPECIALIST ADVICE ONLY** |
|  |  | NO. TIMES PER WEEK | NO. REQUESTED |
| **OCTENILIN surfactant irrigation solution**(effective after 30 seconds) | 350ml bottle |  |  |

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| ANTIMICROBIAL – **ON SPECIALIST ADVICE ONLY**  |
|  | SIZE (PLEASE CIRCLE) | NO. TIMES PER WEEK | NO. REQUESTED |
| **FLAMINAL HYDRO** (low – moderate exudate) | 15g |  |  |  |
| **FLAMINAL FORTE**(moderate – heavy exudate) | 15g |  |  |  |
| **CUTIMED SORBACT dressing pad** | 10cm x 10cm | 10cm x 20cm |  |  |
| **CUTIMED SORBACT swabs** | 4 x 6cm | 7 x 9cm |  |  |
| **CUTIMED SORBACT RIBBON** | 2cm x 50cm | 5cm x 200cm |  |  |

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| SPECIALIST PRIMARY CONTACT DRESSINGS – **ON SPECIALIST ADVICE ONLY**  |
|  | SIZE (PLEASE CIRCLE) | NO. TIMES PER WEEK | NO. REQUESTED |
| **POLYMEM Square** | 10cm x 10cm | 13cm x 13cm |  |  |
| **POLYMEM Roll**  | 10cm x 61cm |  |  |  |

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| SPECIALIST PRIMARY CONTACT DRESSINGS FOR LOW TO MODERATE EXUDATE – **ON SPECIALIST ADVICE ONLY**  |
|  | SIZE (PLEASE CIRCLE) | NO. TIMES PER WEEK | NO. REQUESTED |
| **SILFLEX** | 5 x 7cm | 8 x 10cm | 12 x 15cm | 20 x 30cm |  |  |
| **URGOTUL** | 5 x 5cm | 10 x 10cm | 15 x 20cm |  |  |  |

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| DEBRIDEMENT – **ON SPECIALIST ADVICE ONLY** |
|  |  | NO. TIMES PER WEEK | NO. REQUESTED |
| **UCS debridement pad** (packs of 10) | (also described as wipes / cloths) |  |  X 10 |

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| NEGATIVE PRESSURE WOUND THERAPY – **ON SPECIALIST ADVICE ONLY**  |
|  | SIZE (PLEASE CIRCLE) | NO. TIMES PER WEEK | NO. REQUESTED |
| **V.A.C. GRANUFOAM dressing KIT** | Small | Medium | Large |  |  |
| **V.A.C. WHITEFOAM dressing KIT** | Small | Medium |  |  |  |
| **V.A.C. WHITEFOAM****dressing (foam only)** | Large |  |  |  |  |
| **ACTIVAC CANISTER with gel** | 300 ml |  |  |  |  |
| **V.A.C. GRANUFOAM BRIDGE dressing kit** | One size |  |  |  |  |
| **GAUZE DRESSING with V.A.C. therapy accessories** | One size |  |  |  |  |
| **SENSAT.R.A.C. pad** | One size |  |  |  |   |
| **V.A.C. GEL STRIPS** | One size |  |  |  |   |

INDEX

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| --- | --- | --- | --- |
| Actico  | 2 | Kerrapro  | 1 |
| ActiVAC dressings | 8 | Knitband | 2 |
| Allevyn – see Suprasorb P |  | Kerramax Care | 4 |
| Appeel  | 1 | Medihoney | 6 |
| Aquacel | 5 | Medi-Derma S | 1 |
| Aquacel Extra | 5 | N/A Ultra  | 3 |
| Aquacel Ag+ Extra | 6 | Normasol  | 1 |
| Atrauman | 3 | Octenilin  | 6 |
| Atrauman Ag | 6 | Option wound manager | 5 |
| Clearfilm | 3 | Permafoam (trachi-dress)  | 4 |
| Clinipod | 1 | Polymem | 7 |
| Clinipore | 2 | Sal-E Pods | 1 |
| Clinisorb | 5 | Silflex  | 7 |
| Cutimed Sorbact | 7 | Sodium Chloride 0.9% Irrigation | 1 |
| Clinifast all sizes | 2 | Softpore | 3 |
| Duoderm Extra Thin | 4 | Sorbion Sachet Border | 4 |
| Duoderm Signal | 4 | Sterile Gauze  | 1 |
| Empad | 3 | Suprasorb P Sensitive Border | 3 |
| Flaminal | 7 | Tegaderm Hydrocolloid | 4 |
| Hydrogel Activheal | 4 | Urgotul  | 7 |
| Hypafix | 2 | UCS Debridement wipes | 7 |
| Inadine  | 5 | Zetuvit Plus  | 4 |
| Iodosorb | 6 | Zinc & Castor Oil Ointment BP | 1 |
| Iodoflex Paste | 6 | Zinc Paste Bandage | 4 |
| K-Four  | 2 | 365 Community Wound Care Pack | 1 |
| K-Four  | 2 | 365 Film Island Dressing | 3 |
| K-Lite | 2 |  |  |
| K-Soft | 2 |  |  |
| Ko-Flex  | 2 |  |  |
| Ko-Flex Long | 2 |  |  |
| K-Plus (latex free) | 2 |  |  |
| K-Plus Long (latex free) | 2 |  |  |
| K-Three C (latex free | 2 |  |  |
| K-Two  | 2 |  |  |
| K-Two Reduced | 2 |  |  |

For use alongside the [Nottinghamshire Healthcare NHS Foundation Trust Wound Care Formulary January 2023](https://www.nottsapc.nhs.uk/media/5syhldsd/wound-care-formulary_county.pdf)