**NURSING HOME WOUND CARE PRESCRIPTION REQUEST FORM (CITY)**

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

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

|  |
| --- |
| * **Please do not request / issue more than 2 WEEKS SUPPLY** * **Please prescribe all dressings as ACUTE** * **SystmOne search term is in capitals** * **Products can be prescribed as SINGLES except where pack sizes are specified** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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) |  |
| **NON WOVEN fabric swab 4 ply** (sterile) | 7.5 x 7.5cm  (packs of 5) | 10 x 10cm (packs of 5) |  | x 5 |

|  |  |  |
| --- | --- | --- |
| 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 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| PRESSURE ULCER PREVENTION | | | |
| Kerrapro® products are designed to be washed in soap and water and re-used 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) |  |

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

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

|  |
| --- |
| * **Please do not request / issue more than 2 WEEKS SUPPLY** * **Please prescribe all dressings as ACUTE** * **SystmOne search term is in capitals** * **Products can be prescribed as SINGLES except where pack sizes are specified** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 limb  5.0cm | BLUE line – large limb  7.5cm | YELLOW line – child trunk  10.75cm | BEIGE line – adult trunk  17.5cm |  |
| **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 |  |  |  |  |  |
| **PEHA-HAFT** | 10cm x 4m |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TAPES | | | | | | | | |
|  | SIZE (PLEASE CIRCLE) | | | | | | NO. REQUESTED | NO. ISSUED |
| **CLINIPORE** (equivalent to MICROPORE®) | 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 |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |  |  |

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

|  |
| --- |
| * **Please do not request / issue more than 2 WEEKS SUPPLY** * **Please prescribe all dressings as ACUTE** * **SystmOne search term is in capitals** * **Products can be prescribed as SINGLES except where pack sizes are specified** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| BASIC DRESSING PAD FOR LOW TO MODERATE EXUDATE | | | | | | |
|  | SIZE (PLEASE CIRCLE) | | | | NO. TIMES PER WEEK | NO. REQUESTED |
| **EMPAD**  (Equivalent to XUPAD®) | 10 x 10cm | 10 x 20cm | 20 x 20cm | 20 x 40cm |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SIMPLE FOAM DRESSINGS FOR LOW TO MODERATE EXUDATE | | | | | | | | | |
|  | SIZE (PLEASE CIRCLE) | | | | | | | NO. TIMES PER WEEK | NO. REQUESTED |
| **SUPRASORB P SENSITIVE NON-BORDER** (This has replaced ALLEVYN® non-adhesive) | 5 x 5cm | 10 x 10cm |  | | | | |  |  |
| **SUPRASORB P SENSITIVE BORDER**(This has replaced ALLEVYN® adhesive/gentle/border) | 7.5 x 8.5cm | 10 x 10cm | 12.5 x 12.5cm | 12 x 15cm | 20 x 20cm | 17x 17.5cm sacrum | 23 x 23cm sacrum |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 x 45cm | 2 x 45cm |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 x3.8cm | 7.5 x 7.5cm | 5 x 20cm | 10 x 10cm | 15 x 15cm |  |  |
| **DUODERM SIGNAL** | 10 x 10cm | 14 x 14cm |  |  |  |  |  |

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

|  |
| --- |
| * **Please do not request / issue more than 2 WEEKS SUPPLY** * **Please prescribe all dressings as ACUTE** * **SystmOne search term is in capitals** * **Products can be prescribed as SINGLES except where pack sizes are specified** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SUPER ABSORBENT DRESSINGS FOR MODERATE TO HEAVY EXUDATE **ON SPECIALIST ADVICE ONLY** | | | | | | | |
|  | 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 |  |  |  |
| **ZETUVIT PLUS SILICONE BORDER** | 10 x 10cm | 12.5 x 12.5cm | 17.5 x 17.5cm |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NON-ADHERENT SUPER ABSORBENT DRESSING **ON SPECIALIST ADVICE ONLY** | | | | |
|  | SIZE (PLEASE CIRCLE) | | NO. TIMES PER WEEK | NO. REQUESTED |
| **ECLYPSE** foot | 33cm x 48cm |  |  |  |
| **ECLYPSE** boot | 47cm x 55cm |  |  |  |

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

|  |
| --- |
| * **Please do not request / issue more than 2 WEEKS SUPPLY** * **Please prescribe all dressings as ACUTE** * **SystmOne search term is in capitals** * **Products can be prescribed as SINGLES except where pack sizes are specified** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |  |  |  |
| **URGOCLEAN Ag** | 6 x 6cm | 10 x 10cm | 15 x 20cm |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 HCS**  (non-adhesive) | 6 x 6cm | 11 x 11cm |  |  |
| **MEDIHONEY HCS** with adhesive border | 11 x 11cm | 15 x 15cm |  |  |
| **ACTILITE** woven dressing | 10 x 10cm | 10 x 20cm |  |  |
| **ALGIVON PLUS RIBBON** | 2.5 x 20cm |  |  |  |

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

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

|  |
| --- |
| * **Please do not request / issue more than 2 WEEKS SUPPLY** * **Please prescribe all dressings as ACUTE** * **SystmOne search term is in capitals** * **Products can be prescribed as SINGLES except where pack sizes are specified** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 swabs** | 4 x 6cm | 7 x 9cm |  |  |
| **CUTIMED SORBACT RIBBON** | 2cm x 50cm | 5cm x 200cm |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SPECIALIST PRIMARY CONTACT DRESSINGS FOR MODERATE TO HIGH EXUDATE – **ON SPECIALIST ADVICE ONLY** | | | | | | |
|  | SIZE (PLEASE CIRCLE) | | | | NO. TIMES PER WEEK | NO. REQUESTED |
| **KALTOSTAT** | 5 x 5cm | 7.5 x 12cm |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DRESSINGS CONTAINING SUCROSE OCTASULFATE (NOSF) – **ON SPECIALIST ADVICE ONLY** | | | | |
|  | SIZE (PLEASE CIRCLE) | | NO. TIMES PER WEEK | NO. REQUESTED |
| **URGOSTART CONTACT** | 5 x 7cm | 10 x 10cm |  |  |
| **URGOSTART PLUS PAD** | 6 x 6cm | 10 x 10cm |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |  |  |

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

|  |
| --- |
| * **Please do not request / issue more than 2 WEEKS SUPPLY** * **Please prescribe all dressings as ACUTE** * **SystmOne search term is in capitals** * **Products can be prescribed as SINGLES except where pack sizes are specified** |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SPECIALIST ACTIVE WOUND CARE DEBRIDEMENT – **ON SPECIALIST ADVICE ONLY**  **Please take care when ordering / issuing – multiple similar sizes available** | | | | | | | |
|  | SIZE (PLEASE CIRCLE) | | | | | NO. TIMES PER WEEK | NO. REQUESTED |
| **HYDROCLEAN ADVANCE** | 4 x 8cm | 7.5 x 7.5cm | 10 x 10cm | 8 x 14cm | 10 x 17cm |  |  |
| **HYDROCLEAN ADVANCE cavity** | 4cm round cavity | 5.5cm round cavity | 4 x 8cm cavity | 7.5 x 7.5cm cavity | 10 x 10cm cavity |  |  |
| **HYDROCLEAN ADVANCE round** | Mini 3cm round | 4cm round | 5.5cm round |  |  |  |  |

INDEX

|  |  |  |  |
| --- | --- | --- | --- |
| Appeel | 1 | Kaltostat | 6 |
| Aquacel ribbon | 3 | Kerrapro | 1 |
| Aquacel Extra | 3 | Knitband | 2 |
| Aquacel Ag+ Extra & ribbon | 5 | Kerramax Care | 4 |
| Atrauman | 2 | Medihoney | 5 |
| Atrauman Ag | 5 | Medi Derma S | 1 |
| Cavilon – see Medi Derma S |  | Micropore – see Clinipore |  |
| Clearfilm | 3 | N-A Ultra | 2 |
| Clinipod | 1 | Normasol | 1 |
| Clinipore | 2 | Octenilin | 5 |
| Clinisorb | 6 | Peha-haft | 2 |
| Cutimed Sorbact | 6 | Polymem | 6 |
| Clinifast all sizes | 2 | Sal-E Pods | 1 |
| Duoderm Extra Thin | 3 | Silflex | 6 |
| Duoderm Signal | 3 | Sodium Chloride 0.9% Irrigation | 1 |
| Eclypse | 4 | Softdrape – see 365 community wound pack |  |
| Empad | 3 | Softpore | 2 |
| Flaminal | 6 | Suprasorb P Sensitive Border | 3 |
| Gauze Swabs (sterile) – non-woven swabs | 1 | UCS Debridement pads | 7 |
| HydroClean Advance | 7 | UrgoClean Ag | 5 |
| Hydrogel Activheal | 4 | UrgoStart | 6 |
| Hypafix | 2 | Xupad – see Empad |  |
| Inadine | 5 | Zetuvit Plus | 4 |
| Irripod – see Sal-E Pods |  | Zinc & Castor Oil Ointment BP | 1 |
| Iodosorb | 5 | 365 Community Wound Care Pack | 1 |
| Iodoflex Paste | 5 | 365 Film Island Dressing | 3 |
| K-Lite | 2 |  |  |
|  |  |  |  |
|  |  |  |  |

To be used alongside: Wound Care Formulary for CityCare Version 12

<https://www.nottsapc.nhs.uk/media/h3vc0txw/citycare-woundcare-formulary.pdf>