

DRESSINGS REQUEST FORM

All dressings' requests to General Practice must be made via this form. GPs may refuse to prescribe unless ALL the relevant sections have been completed and the form has been received by the practice.

Patient Surname:	Date of Request:
Patient First Name:	Patient DOB:
Patient Address:	Requesting Community Nurse, Name and contact details:
Useful relevant information (Tick all that apply) <input type="checkbox"/> Pressure ulcer <input type="checkbox"/> Leg ulcer <input type="checkbox"/> Diabetic wound <input type="checkbox"/> Wet wound <input type="checkbox"/> Infected wound <input type="checkbox"/> Skin tear <input type="checkbox"/> Multiple site wounds	
Referred to Tissue Viability Nurses: <input type="checkbox"/> Yes <input type="checkbox"/> No	

** Note that many dressings can be left in place for 3-7 days ** Preferred List: Please tick box for relevant product and size				
Type of Dressing	Product	Size	Frequency, Duration and Quantity	Max qty for a month supply
Absorbent or Surgical Pads	<input type="checkbox"/> Zetuvit E Non Sterile Pads	<input type="checkbox"/> 10x10cm <input type="checkbox"/> 20x20cm <input type="checkbox"/> 20x40cm		15-30
	<input type="checkbox"/> XuPad Sterile Pads	<input type="checkbox"/> 10x12cm <input type="checkbox"/> 20x20cm <input type="checkbox"/> 20x40cm		10-20
	<input type="checkbox"/> Kliniderm SuperAbsorbent Padding	<input type="checkbox"/> 10x10cm <input type="checkbox"/> 10x15cm <input type="checkbox"/> 20x20cm <input type="checkbox"/> 20x30cm		10-15
	<input type="checkbox"/> Zetuvit Plus	<input type="checkbox"/> 10x10cm <input type="checkbox"/> 15x20cm		
Alginates	<input type="checkbox"/> Kaltostat	<input type="checkbox"/> 5x5cm <input type="checkbox"/> 7.5x12cm <input type="checkbox"/> 10x20cm		10-20
Antibacterial and Antimicrobial	<input type="checkbox"/> Iodosorb ointment	<input type="checkbox"/> 10g <input type="checkbox"/> 20g		5
	<input type="checkbox"/> Iodoflex paste	<input type="checkbox"/> 5g <input type="checkbox"/> 10g		5
	<input type="checkbox"/> Activon Tube (Honey)	<input type="checkbox"/> 25g		4
	<input type="checkbox"/> Activon Tulle (Honey)	<input type="checkbox"/> 5x5cm <input type="checkbox"/> 10x10cm		10-20
	<input type="checkbox"/> Algivon Plus (Honey)	<input type="checkbox"/> 5x5cm <input type="checkbox"/> 10x10cm		10-20
Barrier Cream/Skin Protection	<input type="checkbox"/> Cavilon cream	<input type="checkbox"/> 28g <input type="checkbox"/> 92g		
	<input type="checkbox"/> Cavilon film spray	<input type="checkbox"/> 28ml		
Compression bandaging	<input type="checkbox"/> Actico – <i>Inelastic</i>	<input type="checkbox"/> 8cm <input type="checkbox"/> 10cm <input type="checkbox"/> 12cm		10
	<input type="checkbox"/> Actico 2c kit (<i>2 layer system</i>)	<input type="checkbox"/> 10cm (18-25cm) <input type="checkbox"/> 10cm (25-32cm)		
	<input type="checkbox"/> K-Two kit	<input type="checkbox"/> 10cm (18-25cm) <input type="checkbox"/> 10cm (25-32cm)		
	<input type="checkbox"/> K-Two Reduced kit	<input type="checkbox"/> 10cm (18-25cm) <input type="checkbox"/> 10cm (25-32cm)		
	<input type="checkbox"/> Profore (<i>multilayer compression bandage</i>) <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4	<input type="checkbox"/> 3.5m <input type="checkbox"/> 4.5m <input type="checkbox"/> 8.7m <input type="checkbox"/> 2.5m		

Please submit request to patient's GP Practice.

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Type of Dressing	Product	Size	Frequency, Duration and Quantity	Max qty for a month supply
Foams	<input type="checkbox"/> Tegaderm Foam Adhesive	<input type="checkbox"/> 10x11cm <input type="checkbox"/> 14.3x15.6cm		10-20
	<input type="checkbox"/> Kliniderm Silicone with Border	<input type="checkbox"/> 10x10cm <input type="checkbox"/> 12.5x12.5cm <input type="checkbox"/> 15x15cm <input type="checkbox"/> 15x20cm		10-20
	<input type="checkbox"/> Kliniderm silicone Non Adhesive	<input type="checkbox"/> 5x5cm <input type="checkbox"/> 10x10cm		10-20
	<input type="checkbox"/> Kliniderm Foam Silicone Lite	<input type="checkbox"/> 6x8.5cm <input type="checkbox"/> 10x10cm <input type="checkbox"/> 15x15cm		10-20
Hydrocolloids	<input type="checkbox"/> Granuflex	<input type="checkbox"/> 10x10cm <input type="checkbox"/> 15x15cm		5-10
	<input type="checkbox"/> Duoderm – <i>Extra thin</i>	<input type="checkbox"/> 7.5x7.5cm <input type="checkbox"/> 10x10cm <input type="checkbox"/> 15x15cm		5-10
Hydrocolloid-fibrous	<input type="checkbox"/> KerraCel	<input type="checkbox"/> 5x5cm <input type="checkbox"/> 10x10cm <input type="checkbox"/> 15x15cm		10-20
	<input type="checkbox"/> KerraCel Ribbon	<input type="checkbox"/> 2.5x45cm		
Hydrogels	<input type="checkbox"/> Intrasite gel – <i>with applicator</i>	<input type="checkbox"/> 8g <input type="checkbox"/> 15g		10-15
	<input type="checkbox"/> Intrasite conformable - <i>sheet</i>	<input type="checkbox"/> 10x10cm (7.5g) <input type="checkbox"/> 10x20cm (15g)		
	<input type="checkbox"/> Purilon – <i>alginate hydrogel</i>	<input type="checkbox"/> 8g <input type="checkbox"/> 15g		
Irrigating solutions	<input type="checkbox"/> Irripod	<input type="checkbox"/> 25 x 20ml		25
	<input type="checkbox"/> Prontosan solution	<input type="checkbox"/> 350ml		
Low adherent dressings	<input type="checkbox"/> N-A Ultra – <i>contact dressing</i>	<input type="checkbox"/> 9.5x9.5cm <input type="checkbox"/> 19x9.5cm		10-20
	<input type="checkbox"/> Atrauman	<input type="checkbox"/> 7.5x10cm <input type="checkbox"/> 20x30cm		
Moisturisers and soap substitutes	<input type="checkbox"/> Hydromol ointment	<input type="checkbox"/> 500g		1
	<input type="checkbox"/> Hydromol Bath & Shower emollient	<input type="checkbox"/> 500ml		
	<input type="checkbox"/> ZeroAQS cream	<input type="checkbox"/> 500g		
Odour absorbing dressings	<input type="checkbox"/> Clinisorb	<input type="checkbox"/> 10x10cm <input type="checkbox"/> 10x20cm		10-30
Paste bandages	<input type="checkbox"/> Ichtopaste	<input type="checkbox"/> 7.5cm x 6m		6
	<input type="checkbox"/> Viscopaste	<input type="checkbox"/> 7.5cm x 6m		6
Retention bandages	<input type="checkbox"/> K-Band	<input type="checkbox"/> 10cm x 4m		10-15
	<input type="checkbox"/> Actifast or clinifast Blue Line	<input type="checkbox"/> 7.5cm x 3m <input type="checkbox"/> 7.5cm x 5m		2 1
	<input type="checkbox"/> Actifast or clinifast Yellow Line	<input type="checkbox"/> 10.75cm x 3m <input type="checkbox"/> 10.75cm x 5m		2 1
Silver dressings	<input type="checkbox"/> Aquacel Ag+ Extra	<input type="checkbox"/> 5x5cm <input type="checkbox"/> 10x10cm		5
	<input type="checkbox"/> Aquacel Ag+ Ribbon	<input type="checkbox"/> 1cm x 45cm <input type="checkbox"/> 2cm x 45cm		5
	<input type="checkbox"/> Atrauman Ag	<input type="checkbox"/> 5x5cm <input type="checkbox"/> 10x10cm		5
Sterile dressing packs and gauze swabs	<input type="checkbox"/> Nurse-It	<input type="checkbox"/> S/M <input type="checkbox"/> M/L		10-30
	<input type="checkbox"/> Sterile Gauze Swabs	<input type="checkbox"/> 7.5cm (pack of 5)		
	<input type="checkbox"/> Non Sterile Gauze Swabs	<input type="checkbox"/> 10cm (pack of 100)		
Surgical adhesive tapes	<input type="checkbox"/> Scanpor tape	<input type="checkbox"/> 2.5cm x 10m <input type="checkbox"/> 5cm x 10m <input type="checkbox"/> 7.5cm x 10m		4
	<input type="checkbox"/> Hypafix	<input type="checkbox"/> 5cm x 10m <input type="checkbox"/> 10cm x 10m		2-3
Vacuum Assisted	<input type="checkbox"/> V.A.C. Granufoam Dressing Kit	<input type="checkbox"/> Small <input type="checkbox"/> Medium		5-10
	<input type="checkbox"/> NPWT Gauze Dressing Kit with Sensa Trac			5-10
	<input type="checkbox"/> ActiVAC Canister with Gel	<input type="checkbox"/> 300ml		5

Please submit request to patient's GP Practice.

Please email any comments about this form to CHSParmacy2@gstt.nhs.uk.

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Vapour permeable dressings	<input type="checkbox"/> Tegaderm Transparent Film Dressing	<input type="checkbox"/> 12x12cm <input type="checkbox"/> 15x20cm		10-15
	<input type="checkbox"/> Hydrofilm Plus	<input type="checkbox"/> 5x7.5cm <input type="checkbox"/> 9x15cm <input type="checkbox"/> 10x20cm		10-15

Non Preferred List Requests – Exceptional Reasons Only

Product Name	Product Size	Frequency, Duration and Quantity	Reason for Non-Preferred list request (Must be completed or the product cannot be supplied)	

Supply of Dressings to the Patient (Confirm that this is in accordance with patient’s wishes)

Tick the most appropriate option:

Patient or representative collecting prescription from GP practice

Prescription to be sent to Pharmacy

Pharmacy delivers (tick if known)

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