**Restricted / Specialist dressings – Authorisation Form**

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| **Patient Details** |
| Patient Name |  |
| Patient DOB |  |
| Patient NHS Number |  |

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| **Requestor Details** |
| Name |  |
| Job Title |  |
| Location of Requestor (please tick appropriate box) |
| DN Site |  | GP Practice |  | Nursing home |  |
| Telephone no. |  | Email address |  |

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| **Wound Details (please tick as appropriate)** |
| Type | Venous leg ulcer |  | Diabetic foot ulcer |  | Fungating/malignant wound |  |
| Surgical wound |  | Pressure ulcer |  | Trauma injury |  |
| Skin graft/donor site |  | Burn |  | Skin tear |  |
| Hematoma |  | Other |  |  |  |
| Type of wound bed | Epithelialising |  | Granulating |  | Sloughy |  |
| Necrotic |  | Infected |  | Colonised |  |
| If infected, date swab taken? |  |
| Level of exudate | Low |  | Moderate |  | High |  |
| Duration of wound |  | Size of wound |  |
| Further information (please provide any other relevant information) |  |

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| **Current/previous dressing regime** |
| Products used(including primary dressing) | Duration used | Frequency of change | Reasons discontinued/ not suitable |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

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| **History of oral antibiotics?** |
| Name, dose & frequency | Duration used | Date started |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

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| **Details of Restricted/Specialist Dressing requested for use** |
| Name of product |  |
| Reason for choice |  |
| Size of dressing |  |
| Frequency of change & expected duration of use |  |
| Quantity required |  | Size required |  |

**To be completed by Tissue Viability Nurse / Community IDT Lead / Practice Lead as appropriate:**

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| --- | --- | --- | --- |
| Approved (please tick) |  | Declined (please tick) |  |
| If declined, action required/alternative recommendation: |  |
| Name |  |
| Job title: |  |
| Signature |  | Date |  |
| Amcare request authorised (date)NB: only applicable to restricted dressings |  |

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| **AMCARE authorisation not required****Senior Clinical oversight/authorisation required by Community IDT Lead / Practice Lead***Please ensure your Lead has authorised the use of specialist dressings / products and file this form safely for audit purposes.***Silver-containing wound dressings:**Urgoclean AgAquacel AgUrgotul Silver**Specialist wound dressings:**Flaminal HydroFlaminal ForteOctenilin SolutionUCS ClothsDebrisoft LollyMepilexMepilex BorderMepilex XTUrgocleanUrgostart PlusProshield Spray and creamViscopaste Bandage |  | **AMCARE authorisation required****Authorisation required by Tissue Viability Nurse before AMCARE order can be processed and restricted item used.****Restricted wound dressings:**Acticoat Flex 3PolymemALL NEGATIVE PRESSURE WOUND THERAPYRenasysPico 7Pico 14*To obtain Amcare authorisation, please email the completed form to* *tissueviability@nhs.net*The TVN Team will respond within 2 days.If the request is urgent, please contact the TVN Team on 01952 670925 |