

Request for Non-Formulary Wound Products

Requisition No: _____

User Code: _____

Patient Name
Address / Ward
Post Code
DOB

G.P. Name
Practice Address
Post Code

 Patient meets 'criteria' as listed in protocol for obtaining non-formulary dressings in exceptional circumstances.

Exception		
1.	Normal pathway of good wound care has been adhered to and a formulary dressing has been in use for >2weeks and wound still fails to progress. Give details:	
	Wound Type	
	Wound description and duration	
	Signs of localised infection –	Y/N - give details
	Full history of dressings and length time used	
	Rationale for dressing change	
2.	Adverse reaction to a formulary dressing	
		Y/N – give details
3.	Product is required due to patient's current clinical status/special wound/skin care needs	

Name of hospital identified to supply products: _____	Address for delivery	
	<i>This must be GP practice or Trust Facility</i>	
Product requested :	Size	
	Quantity	
	Frequency of change	
	Estimation of duration of treatment	
	Quantity requested	
Name of Requesting Practitioner:	Designation:	Signature
Contact Phone No:		Date

 Tick box if reordering for an existing patient

I authorise the supply of the above dressing in compliance with the list of Alternative/Exception products that have been approved by the Regional Wound Management Products Group.	
Name of Authorised Person: _____	Designation: _____
Signature of Authorised Person _____	Date: _____
Tel. No. _____	

Pharmacy Use Only

 Item on approved 'Alternative/Exceptions' list for wound management products

 Authorised signatory (from list)

Date Requisition received: _____

Item Code	Unit of Issue	Quantity Supplied	Dispensed By	Checked By	Date

 Form sent to Medicines Management Information Co-ordinator, HSC Board, 2nd Floor BSO, 2 Franklin Street, Belfast, BT2 8DQ (please tick)