

# Request for Non-Formulary Wound Products



South Eastern Health  
and Social Care Trust

Requisition No: \_\_\_\_\_

User Code: \_\_\_\_\_

<b>Patient Name</b>
<b>Address / Ward</b>
<b>Post Code</b>

<b>G.P. Name</b>
<b>Practice Address</b>
<b>Post Code</b>

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

Exception		
1.	<b>Normal pathway of good wound care has been adhered to and a formulary dressing has been in use for &gt;2weeks and wound still fails to progress. Give details:</b>	
	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.	<b>Adverse reaction to a formulary dressing</b>	Y/N – give details
3.	<b>Product is required due to patient's current clinical status/special wound/skin care needs</b>	

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

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, 2<sup>nd</sup> Floor BSO, 2 Franklin Street, Belfast, BT2 8DQ (please tick)