Request for Non-Formulary Wound Products

Western Health and Social Care Trust

Requisition No: ________________ **User Code:**_________________

Patient Name **Address / Ward** **Post Code**	**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** ***This must be GP practice or Trust Facility***	
Product requested :	**Size**	
	Quantity	
	Frequency of change	
	Estimation of duration of treatment	
	Quantity requested	
Name of Requesting Practitioner: **Contact Phone No:**	**Designation:**	**Signature** **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)