|  |  |
| --- | --- |
| **Patients Name:………………………………………………………………** | **NHS Number: …………………………………………………………………** |
| **Surgery/Clinic/Base: ………………………………………………………** | **Number of wounds required dressings:**  |  |
| **Product** | **Sizes** | **Price (each piece)****Prices in Red = cost > £10 each** | **Dressing Changes** | **Change Regime** | **Number of Dressings** |
| **Skin Cleanser for cleansing friable and excoriated skin and re-balancing its pH** |
| ProShield Foam & Spray  | 235ml  | £6.78 |  |  |  |
| **Silicone to absorb exudate and protect the wound( moderate exudate)** |
| Mepitel One (for skin tears only)  | 6x7cm, 9x10cm, 13x15cm 24x27.5cm, 27.5x50cm | £1.24, £2.44, £5.09 £14.43, £40.03 | 3-4 days |  |  |
| **Superabsorber for heavily exuding wounds** |
| Eclypse non-backed  | 10x10cm, 10x20cm, 20x20cm, 20x30cm  | £0.74, £0.97, £1.50, £2.18 | 3-4 days |  |  |
| Eclypse adherent | 10x10cm, 10x20cm, 15x15cm, 20x30cm | £3.35, £4.21, £5.59, £11.19 | 3-4 days |  |  |
| Aquacel Foam Pro  | 8x8cm, 10x10cm, 15x15cm, 19.8x14cm, 20x16.9cm | £1.50, £2.32, £4.11, £5.88, £5.27  |  |  |  |
| **Gel Fibre Mild Haemostat – see Formulary A**  |
| **Non-Adherent Polymer** |
| Atrauman |  5x5cm, 7.5x10cm,10x20cm, 20x30cm  | £0.36, £0.37, £0.84, £2.31 | 3-5 days |  |  |
| **Antimicrobial** |
| **Iodine** | Inadine Iodoflex paste Iodosorb ointment Iodosorb powder sachet  | 5x5cm, 9.5x9.5cm5g, 10g, 17g10g, 20g3g | £0.34, £0.51£4.39, £8.77 £13.89£4.85, £9.69£2.08 | 1-3 days |  |  |
| **Silver** | Biatain Silicon Ag (no filler required)   | 7.5x7.5cm,10x10cm,10x20, 10x30cm, 12.5x12.5cm 15x15cm, 17.5x17.5cm, 18x18cm (heel) 15x19cm (sacral) 25x25cm | £3.57, £5.63, £9.52, £14.29 £7.37, £12.13, £13.43, £14.22 (heel) £11.05, (sacral) £23.70 | 3-4 days |  |  |
| **Honey** | Medihoney HCS Non-adhesive Adhesive Border | 6x6cm, 11x11cm, 20x20cm, 20x30cm7.2x7.2cm (11x11cm outer), 11.5x11.5cm (outer 15x15cm) | £2.32, £4.63, £18.69, £29.07£3.17, £5.99 | 3-5 days |  |  |
| Revamil Wound Dressing  | 5x5cm, 8x8cm, 10x10cm | £1.75, £3.33, £2.95 | 3-5 days |  |  |
| **Other** | Cutimed Sorbact swab**PODIATRY** Use only  | 4x6cm, 7x9cm | £1.71, £2.61 |  |  |  |
| **Antimicrobial enzyme with alginate. Under direction of Tissue Viability/Podiatry only** |
| Flaminal Forte | 15g | £8.16 | 3-5 days |  |  |
| Flaminal Hydro | 15g | £8.16 |  |  |
| **Radiation Induced Dermatitis. Under Direction of Tissue Viability only** |
| Flamigel RT | 100g, 250g | £14.00, £20.23 | 2-3 days |  |  |
| **Compression Bandages** |
| Actico | 4cmx6m, 6cmx6m, 8cmx6m, 10cmx6m, 12cmx6m | £2.59, £3.03, £3.49, £3.62, £4.62 | 3-5 days |  |  |
| Mollelast (Toe compression) | 4cmx4m | £0.32 |  |  |
| **Protease Modulator. Under direction of Podiatry/Tissue Viability only** |
| Urgoclean Pad | 6x6cm, 10x10cm, 20x15cm | £1.02, £2.27, £4.28 | Max 7 days |  |  |
| Urgoclean Rope (with probe) | 2.5x40cm, 5x40cm | £2.56, £3.39 |  |  |
| Urgostart Plus | 6x6cm, 10x10cm,15x20cm | £4.45 £6.16 £11.08 |  |  |
| **Debridement. Under Direction of Tissue Viability/Podiatry only** |
| Alprep pad  | 7x9cm | £6.61 |  |  |  |
| Prontosan Debridement Pad | Tear-drop shape with integrated tray | £5.84 | n/a |  |  |
| Prontosan | 350ml bottle | £5.17 |  |  |
| Prontosan Wound Gel X | 50g, 250g | £12.65, £33.86 |  |  |
| **Negative Pressure Wound Therapy (NPWT). Under Direction of Tissue Viability only** |
| V.A.C. GranuFoam Dressing Kits | Small, Medium, Large | £24.39, £29.04, £33.69 | 3-4 days |  |  |
| V.A.C. Granufoam Bridge Dressing Kit |  | £34.06 | 3-4 days |  |  |
| NPWT Gauze Dressing Kit |  | £19.35 per dressing | 3-4 days |  |  |
| ActiV.A.C. Cannister with gel | 300ml | £30.21 | 7 days |  |  |
| Silflex | 5x7cm, 8x10cm, 12x15cm, 20x30cm, 35x60cm | £1.27, £2.61, £5.25, £13.51, £45.32 |  |  |  |
| Kerlix AMD Gauze | 11.4cmx3.7m roll | £1.66 | 3-5 days |  |  |
| **Larval Therapy. Under direction of Tissue Viability/Podiatry only** |
| BioBag | 2.5x4cm, 4x5cm, 5x6cm, 6x12cm,10x10cm | £236.09, £271.59, £295.25 £324.74, £347.98 | As per guide |  |  |
| **Requested by:** |  | **Signature:** |  | **Date:** |  |
| **Professional role:** |  | **Base contact number:** |  |  |  |
| **Agreed by:** |  | **Signature:** |  | **Date:** |  |
| **Date of dressings plan review:** |  | **Copy assessment included:** | **Yes** | **No** |
| **This form is only valid for one prescription. No additions can be made to this form.****IF THIS FORM IS INCOMPLETE NO PRESCRIPTION WILL BE ISSUED** |