NHS Shropshire Clinical Commissioning Group

NHS Telford and Wrekin Clinical Commissioning Group

Shropshire Community Health NHS NHS Trust

CONTINENCE APPLIANCE REQUEST FORM

This form aims to promote improved governance, prescribing compliance and waste reduction.
Supplies should comply with drug tariff specifications, paying particular attention to clause 12, which relates to out-of-pocket expenses. Ensure full stock check is completed before prescription items are requested.

Name of patient / resident	**Patient No.**
Date of birth	
Address	
GP practice	

PRESCRIBING GUIDE ITEMS – please circle where options are included. Female length catheters should only be ordered following documented assessment.	Size	Code	Type/Style (please circle)	Continence Team Quantity Recommendation	Quantity Request
1. Dressing Pack					
2. Clinimed Instillagel (Lidocaine 2% gel)				1 per catheterisation	
3. Teleflex Cathejell Mono (plain water based gel, no anaesthetic properties)				1 per catheterisation	
4. Teleflex Sympacath Aquaflate Male/Female			Male Female	1 every 12 wks	
5. Teleflex Brillant Aquaflate Male/Female			Male Female	1 every 12 wks	
6. Teleflex PTFE Aquaflate Male/Female			Male Female	1 every 4 wks	
7. Bard Bardex IC Silver Alloy Coating Male – Special order only				1 every 4 wks	
8. Coloplast Folysil X-Tra silicone open ended catheter Silicone – Special Order Only				1 every 12 wks	
9. Coloplast Speedicath Sterile hydrophilic-coated Catheter Male/Female			Male Female	1-6 as required depending on clinical need	
10. Coloplast Speedicath Compact Female				1-6 as required depending on clinical need	
11. Coloplast Speedicath Compact Plus Female				1-6 as required depending on clinical need	
12. Coloplast Speedicath Control Male				1-6 as required depending on clinical need	
13. Coloplast Speedibag Compact Male				1-6 as required depending on clinical need	
14. B Braun Actreen Glys Catheter Male/Female			Male Female	1-6 as required depending on clinical need	
15. B Braun Actreen Mini Lite				1-6 as required depending on clinical need	
16. B Braun Actreen Mini Set				1-6 as required depending on clinical need	
17. B Braun Actreen Glys Set Male/Female			Male Female	1-6 as required depending on clinical need	
18. Hollister VaPro Hydrophilic Catheter Male				1-6 as required depending on clinical need	
19. Coloplast Catheter Valve				1 per week	
20. Bard Flip -Flo Catheter Valve				1 per week	

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PRESCRIBING GUIDE ITEMS – please circle where options are included. Female length catheters should only be ordered following documented assessment.	Size	Code	Type/Style (please circle)	Continence Team Quantity Recommendation	Quantity Request
21. Prosys Urine Drainage Bag – T-Tap or Lever-Tap			T-Tap/ Lever-Tap	I pack alternate months	
22. Coloplast Simpla Profile Bag				I pack alternate months	
23. Prosys 2 Litre Non sterile Night Bag				30 per month / one each night	
24. Prosys 2 Litre Sterile Night Bag				I pack alternate months	
25. Unomedical 2000ml Night Bag with Non Return Valve – T-Tap or Lever Tap		Order via oracle	T-Tap/Lever Tap	I pack alternate months	Only to be ordered in community /general hospitals
26. Prosys Leg Bag Sleeve				2-3 packs per year	
27. Bard Urisleeve Urine Drainage bag Holder				2-3 packs per year	
28. Prosys - Soft elasticated cotton leg bag support straps				1 pack every 4-6 months when catheter is changed	
29. Simpla G Strap - catheter securing strap				2-3 packs per year	
30. B Braun Urotainer NaCL 0.9%				Dependant on clinical indication. Patient specific	
31. B Braun Urotainer twin Suby G (3.23% citric acid)				Dependant on clinical indication. Patient specific	
32. B Braun Urotainer twin Solution R (6.0% citric acid)				Dependant on clinical indication. Patient specific	
33. Bard Clear Advantage Sheath with Aloe Vera Style 1/Style 2/Style 3			1 2 3	One pack of 30 per month as required	
34. Coloplast Conveen Sheath Optima Short/Standard			Short Standard	One pack of 30 per month as required	
35. Clinimed Bio-Derm Sheath				One every 2-3 days 1-2 packs a month	
36. Manfred Sauer P Sure Latex Free Sheath				One pack of 30 per month as required	

ITEMS NOT IN PRESCRIBING GUIDANCE *(Care: Some non-formulary items are treated as a 'Special' or attract out-of-pocket expenses)*	
Name of Nurse	
Contact details	
