

Wound Care Product Request Form

Date Ordered	Does the prescription need sending to pharmacy?	Y/N

Please use this form when requesting dressings from a GP practice			
Patients name or NHS Number:	DOB:		
Name of staff requesting:	Contact number/ team.		

IF A NON-FORMULARY DRESSING IS REQUIRED, AN EXCEPTION FORM MUST BE COMPLETED AND ATTACHED WITH THIS FORM AND ALSO FORWARDED TO YOUR LOCAL TVN TEAM.

THIS LIST IS NOT EXHAUSTIVE – The full SWYAPC Wound Care Formulary can be viewed www.swypac.org

		Size required	Quantity	Max Quantity	
Standard	Nurse It	Small/medium		20	
sundries and fixation	Irrigation sodium chloride 0.9%	Medium/ large 20ml ampoule		25	
	K-Lite bandage			20	
	K-soft	10cm x 3.5cm		20	
	Xupad	20cm x 40cm 20cm x 20cm		20	
	Comfifast	7.5cm 10.75cm		4 x 5metres	
	Comfinet	01 12		1	Podiatry only
	Tegaderm film	10cm x 12cm		10	For use with syringe drivers and CVAD's
	Permeable non-woven synthetic adhesive tape BP	2.5cm x 1m		5	
	Hypafix	5cm x5m 10cm x5m		1	
	Emollient - Epimax	100gm 500gm		1	
Hydrofibres	Aquacel Extra	5x5		10	Aquacel Foam should not be
•		10x10			used as an alternative to
_	Aquacel ribbon	2 x 45cm		10	standard foam dressings.
Foam	Allevyn Adhesive	7.5x7.5 10x10 17.5x17.5		10	Allevyn foam is the first line choice foam dressing as it addresses most of the
	Allevyn non-adhesive	10x10 20x20		10	requirements when needing a foam. Remember allevyn foar
	Allevyn Heel	10.5x13.5		10	should be applied white side to the wound.
Specialist foam	Mepilex XT	10x11 11x20 15x16 20x21		10	Restricted use for sensitive fragile skin only
	Mepilex Border	7.5x7.5 10x10		10	
	Aquacel Foam non-adhesive	10x10 10x20 15x15 15x20 20x20		10	For debridement with exudate management

Wakefield Clinical Commissioning Group

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	Aquacel Foam	10x10		10	
	Adhesive	10x20			
		17.5x17.5			
		21x21			
Hydrocolloid	DuoDerm Extra Thin	10x10		10	
	Tegaderm Hydrocolloid bordered	10x12 oval		10	
Hydrogels	Actiform Cool	10x10		10	
Non/ Low	Atrauman	7.5x10		10	Replacement for Jelonet
adherence		20x10			
dressings	Softpore	10x10		10	
and wound		10x25			
contact	N-A Ultra	9.5x9.5		10	
materials		9.5x19			
		Size required	Quantity	Max	
			•	Quantity	
Skin	Medi Derma S Cream	28g			For individual patient use only.
Protector		90g			Sachets are for hospital use only
Debridement pad	Debrisoft	10 x 10cm		5	
Antimicrobial dressing	Povitulle	5x5 9.5x9.5		10	
	lodoflex paste	5g 10g		10	
	Honey – Activon	10x10		5	Some patients may experience pain when using honey
	Honey Algivon Plus (alginate)	10x10		5	dressings
Silver dressings	Aquacel AG+ Extra	5x5 10x10		5	Restricted use – to be used with caution, not to be used routinely (refer to Topical Antimicrobial
					guidance)
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Compression bandages	Actico 2C	18 – 25cm kit		10	Significant oedema that requires reduction
	Andoflex TLC	10cm Kit		10	No oedema to limb
	Actico	10cmx6m 8cmx6m		10	Large ankles with significant oedema

Specialist dressing request					
Dressing	Size required	Quantity	Rationale for use		
		_			



Acticoat Flex 7, Kendall AMD, Protosan irrigation solution and Hydroclean plus can be initiated following discussion with vascular specialist/podiatry clinical leads and Tissue Viability Nurse. Askina Calgitrol Thin only available for podiatry use.

LarvE and VAC Therapy - only to be initiated by secondary care or following discussion with Tissue Viability Nurse or Vascular specialist.