**Request for a prescription of TNP products.**

Please complete this form when requesting either KCI or Renasys Products. A copy should be given to the prescriber for consideration and a copy sent to Tissue Viability. The maximum request should be for no more than 2 weeks supply as the treatment/outcome must be evaluated regularly. Unless the wound is infected these dressings require 2 -3 changes a week according to manufacturer guidelines.

Dear Prescriber,

Please would you provide a prescription for TNP (topical Negative Pressure) consumables for patient:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NHS no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_d.o.b.\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of clinician requesting prescription\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date of request\_\_\_\_\_\_\_\_\_

Place of work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Product number** | **KCI V.A.C.Product description** | **Pack size** | **PIP code** | **Quantity requested** |
| M8275058/5 | ActiV.A.C. Canister with gel (300ml) | 5 | 646-7883 |  |
| M8275051/5 | V.A.C.Granufoam Small dressing kit (with SensaT.R.A.C.) | 5 | 346-8543 |  |
| M8275052/5 | V.A.C.Granufoam medium dressing kit (with SensaT.R.A.C.) | 5 | 346-8576 |  |
| M8275053/5 | V.A.C.Granufoam Large dressing kit (with SensaT.R.A.C.) | 5 | 346-8568 |  |
| M8275098/5 | V.A.C.Granufoam Silver small dressing kit (with SensaT.R.A.C.) | 5 | 346-8683 |  |
| M8275096/5 | V.A.C.Granufoam Silver medium dressing kit (with SensaT.R.A.C.) | 5 | 346-8691 |  |
| M6275026/10 | V.A.C. Gel (double sided adhesive hydrogel strip) | 10 | 346-8840 |  |
| M8275057/10 | SensaT.R.A.C. (with tubing clamp and connector) | 10 | 346-8949 |  |
| M6275009/10 | V.A.C.Drape (occlusive drape) | 10 | 346-8881 |  |
| M6275066/10 | T.R.A.C. Y-connector | 10 | 346-8931 |  |
| M8275042/5 | V.A.C. Granufoam Bridge dressing | 5 | 349-4259 |  |
| M8275068/5 | V.A.C.WhiteFoam Dressing Kit small | 5 | 346-8659 |  |
| M8275067/5 | V.A.C.WhiteFoam Dressing Kit large | 5 | 346-8675 |  |
| M6275041/5 | V.A.C.WhiteFoam Dressing small | 10 | 354-7205 |  |
| M6275034/5 | V.A.C.WhiteFoam Dressing large | 10 | 354-7105 |  |
| M8275041/5 | V.A.C. Simplace dressing Kit small | 5 | 354-8005 |  |
| M8275040/5 | V.A.C. Simplace dressing Kit medium | 5 | 354-8013 |  |

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| **Product number** | **Smith and Nephew RENASYS, Product description** | **Pack size** | **PIP code** | **Quantity requested** |
| 66800933 | RENASYS-G small gauze kit | 1 | 378-6431 |  |
| 66800934 | RENASYS-G medium gauze kit | 1 | 378-6449 |  |
| 66800935 | RENASYS-G large gauze kit | 1 | 378-6456 |  |
| 66800936  | RENASYS-G X-large gauze kit | 1 | TBA |  |
| 66800794 | RENASYS-F small foam kit | 1 | 378-6720 |  |
| 66800795 | RENASYS-F medium foam kit | 1 | 378-6712 |  |
| 66800796 | RENASYS-F large foam kit | 1 | 378-6704 |  |
| 66801255  | RENASYS-G 10Fr round drain gauze kit | 1 | 381-2823 |  |
| 66801256  | RENASYS-G 10mm flat drain gauze kit | 1 | 381-2831 |  |
| 66801255  | RENASYS-G 15Fr round drain gauze kit | 1 | 381-2856 |  |
| 66801255  | RENASYS-G 15Fr flat drain gauze kit | 1 | 381-2864 |  |
| 66800914  | RENASYS GO 300ml canister | 1 | 378-6415 |  |
| 66800916 | RENASYS GO 750ml canister | 1 | 378-6423 |  |
| 66800799 | Stand alone Soft Port Kit | 1 | 378-6464 |  |
| 66800971 | Y-connector | 1 | 381-2807 |  |
| 66801251 | RENASYS 10Fr round drain kit | 1 | TBA |  |
| 66801252 | RENASYS 10mm flat drain kit | 1 | TBA |  |
| 66801253 | RENASYS 15Fr channel drain kit | 1 | TBA |  |
| 66801254 | RENASYS 19Fr round drain kit | 1 | TBA |  |
| 66801020 | Gauze wound filler (pack of 5) | 5 | 375-8679 |  |
| 66801021 | Foam wound filler | 1 | 375-8661 |  |
| 66801082 | RENASYS adhesive gel patch  | 10 | 373-8036 |  |
| 66800391 | Large AWD gauze rolls | 5 | - |  |
| 66800394 | Transparent film 20x 30 cm | 10 | - |  |

Copies of this request should be sent to Tissue Viability at:

Tissue Viability, St Barts Hospital, New Rd, Rochester, Kent, ME1 1DS