

APS Continence Prescription Request Form

PLEASE REQUEST ONE MONTHS' SUPPLY

Patient Telephone ordering line: 0800 953 9005

Secure e-mail: aps.eastlancs@nhs.net

Patient Name	Date of Referral
Address	Staff Name
Postcode	Work Base
Date of Birth	Contact Details
NHS Number	Patient GP Address
Patient Tel number	

PATIENTS PREFERRED DELIVERY COMPANY OR PHARMACY (PLEASE CONFIRM WITH PATIENT AND WRITE IN BOX)		
PATIENT HAS CONSENTED TO SHARING OF THEIR INFORMATION (MUST BE COMPLETED)	YES	NO
Does the patient have at least 7 days of stock?	YES	NO

PLEASE COMPLETE INFORMATION BELOW TO HELP US PROCESS THIS PRESCRIPTION - INCOMPLETE INFORMATION MAY RESULT IN DELAYS

Reason for request: (Please indicate) New patient New Product Change of product

Catheter type and schedule: Urethral Supra-pubic Schedule of change Other (please state)

Further details: Date of TWOC: (please state) _____

Additional Information: _____

LONG TERM HYDROGEL COATED LATEX CATHETER - Up to 12 weeks use ORDER 3 INITIALLY AND REPLACE AS USED

Rusch Sympacath Aquaflate Standard length <small>(Teleflex)</small>	12ch DH310112	14ch DH310114	16ch DH310116	18ch DH310118	20ch DH310120		Each	
Rusch Sympacath Aquaflate Female length <small>(Teleflex)</small>	12ch DH210112	14ch DH210114	16ch DH210116	18ch DH210118	20ch DH210120		Each	

LONG TERM 100% SILICONE CATHETER - Up to 12 weeks use ORDER 3 INITIALLY AND REPLACE AS USED

Prosys All Silicone Standard length <small>(CliniSupplies)</small>	12ch PCF12M10	14ch PCF14M10	16ch PCF16M10	18ch PCF18M10	20ch PCF20M10		Each	
Prosys All Silicone Female length <small>(CliniSupplies)</small>	12ch PCF12F10	14ch PCF14F10	16ch PCF16F10	18ch PCF18F10	20ch PCF20F10		Each	

LONG TERM OPEN ENDED 100% SILICONE CATHETER - Up to 12 weeks use ORDER 3 INITIALLY AND REPLACE AS USED

Prosys All Silicone OPEN ENDED Standard length <small>(CliniSupplies)</small>	12ch PCF12M10E	14ch PCF14M10E	16ch PCF16M10E	18ch PCF18M10E	20ch PCF20M10E		Each	
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ANAESTHETIC LUBRICANT FOR CATHETERISATION - Order 1 tube per catheter

Optilube Active (Optimum Medical) <small>containing 2% Lidocaine and 0.05% Chlorhexidine Gluconate</small>	6mls Code: 1160	11mls Code: 1161	Each	
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LEG BAGS - CHANGE EVERY 5-7 DAYS - Order 1 box of 10 initially, then every 2 months

ProSys - Leg Drainage Bags with gloves (500ml) <small>(CliniSupplies)</small>	Short Tube	Lever Tap P500S-LT	Push Tap P500S	Box of 10
	Long Tube	Lever Tap P500L-LT	Push Tap P500L	

NIGHT BAGS 2 LITRE CAPACITY - Dispose after single use - Change every night

ProSys - Disposable Night Drainage Bags (2000ML) <small>with draining Push Tap (CliniSupplies)</small>	Single Use	Code : PSU2	3 boxes of 10 per month	Box of 10
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CATHETER VALVES - Change every 5-7 days

Prosys - Catheter Valve Lever Tap (CliniSupplies)	PCV3942	1 box of 5 per month	Box of 5
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CATHETER FIXATION DEVICES AND LEG BAG SUSPENSORY SYSTEMS

ProSys Leg bag straps (CliniSupplies)	P10LS	<i>Leg straps are washable and reusable. Reorder when worn out, soiled or damaged.</i>	Box of 10	
Ugo Fix Catheter Fixation Strap (Optimum Medical)	Medium 3003	<i>Can be cut to size. Other sizes available on formulary.</i>	Box of 5	
Clinifix Tube Holder (CliniMed) ***ONLY TO BE USED FOLLOWING SKIN ASSESSMENT	40-310 (110mm x 25mm)	<i>Can remain in place for up to 7 days.</i>	Box of 10	
	40-410 (140mm x 40mm)			
Prosys Leg Bag Sleeve (CliniSupplies) ***Please measure the leg circumference for correct size	Small 24-40cm PLS3881	Medium 36-50cm PLS3904	Large 40-65cm PLS3928	Box of 4

Patient Name: _____ Date Of Birth: _____ NHS Number: _____

Please state intended regime of Catheter Maintenance Solution: _____

CATHETER MAINTENANCE SOLUTION - ORDER 1 MONTHS SUPPLY - REQUEST IN SINGLE UNITS

Uro-Tainer NaCl 0.9% (B Braun) Contains NaCl 0.9%	50ml	Code: FB99849	100ml	Code: FB99833	Each	
Uro-Tainer Twin SUBY G (B Braun) Contains 3.23% Citric Acid	2 x 30ml		Code: 9746609		Each	
Uro-Tainer Twin SOLUTIO R (B Braun) Contains 6% Citric Acid	2 x 30ml		Code: 9746625		Each	

SHEATHS - ORDER 1 BOX OF 30 PER MONTH ONLY FOLLOWING INITIAL 7 DAY TRIAL

Great Bear Libra sheaths (Great Bear)

Style 1 Standard Length	24mm GBLSS24	28mm GBLSS28	31mm GBLSS31	33mm GBLSS33	35mm GBLSS35	40mm GBLSS40	Box of 30	
Style 2 Pop-on Shorter Length	24mm GBLSP24	28mm GBLSP28	31mm GBLSP31	33mm GBLSP33	35mm GBLSP35	40mm GBLSP40	Box of 30	
Style 3 Wide Band Adhesive Standard Length	24mm GBLSW24	28mm GBLSW28	31mm GBLSW31	33mm GBLSW33	35mm GBLSW35	40mm GBLSW40	Box of 30	

Hollister InView Silicone Penile Sheath (Hollister)

	Small	Medium	Intermediate	Large	Extra large		
Standard Length (Standard)	25mm 97225	29mm 97229	32mm 97232	36mm 97236	41mm 97241		Box of 30
Pop-on Shorter Length (Special)	25mm 97125	29mm 97129	32mm 97132	36mm 97136	41mm 97141		Box of 30
Wide Band Adhesive Standard (Extra)	25mm 97325	29mm 97329	32mm 97332	36mm 97336	41mm 97341		Box of 30

Clear Advantage Sheath with Aloe (Rochester)

Style 1 Standard Length	24mm 1243	28mm 1283	32mm 1323	36mm 1363	40mm 1403		Pack of 30
Style 2 Short Length	24mm 2243	28mm 2283	32mm 2323	36mm 2363	40mm 2403		Pack of 30
Style 3 Standard Wide Band	24mm 3243	28mm 3283	32mm 3323	36mm 3363	40mm 3403		Pack of 30

Product Name	Product Code	Size	Frequency of use	Quantity to prescribe
Product is on formulary? (Please indicate)	YES	NO		
Reason for request				
Name of Specialist				
Contact details				

In order to process the prescription efficiently and prevent delays, this form must be completed in full and forwarded to the Appliance Prescription Service.

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