

Dressings Formulary Prescription Sheet

Ward:

Date:

Consultant:

| |
|---------------------------------|
| Patient details (addressograph) |
| Name: |
| Hospital No: |

| Date | Product | Size | Amount | Signature | Pharmacy |
|------|---------|------|--------|-----------|----------|
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| Barrier products: | | | |
|-----------------------------------|---------------------|--|---|
| Sorbaderm | 1ml foam applicator | 2g cream | 28mls spray Not to be kept as a stock item |
| Proshield Plus Skin Protectant | 115g | Proshield products may only be prescribed by Tissue Viability, or the patient's Consultant. Please follow guidelines on ICID for skin management in the first instance. Not to be prescribed on discharge. Not to be kept as a stock item. | |
| Proshield Foam and Spray Cleanser | 235mls | | |

| Dressings Formulary: Registered Nurse Prescription (sizes in centimetres): | | | | |
|---|----------------------------|--------------------------|----------------------------|----------------------------|
| Allevyn Foam Non adhesive | 5 x 5 | 10 x 10 | 10 x 20 | |
| Allevyn Foam Adhesive | 7.5 x 7.5 (pad 5.5x5.5) | 10 x 10 (pad 7.5x7.5) | 12.5 x 12.5 (pad 10x10) | 17.5 x 17.5 (pad 15x15) |
| Allevyn Gentle | 5 x 5 | 10 x 10 | 15 x 15 | |
| Allevyn Gentle Border | 7.5x7.5 (pad 5x5) | 10x10 (pad 7.5x7.5) | 12.5x12.5 (pad 10x10) | 17.5 x 17.5 (pad 15x15) |
| Atrauman | 7.5 x 10 | 10 x 20 | | |

| | | | | | | | |
|---|--|--------|-----------|--------|---------|-----------------|--|
| Durafiber | 5 x 5 | 4 x 10 | 10 x 10 | 4 x 20 | 15 x 15 | 2 x 45 ribbon | |
| Duoderm Extra Thin Hydrocolloid | 5 x 10 | | 7.5 x 7.5 | | 10 x 10 | 15 x 15 | |
| Inadine | 5 x 5 | | 9.5 x 9.5 | | | | |
| Kaltostat (flat sheet) | 5 x 5 | | 7.5 x 12 | | 10 x 20 | Rope 2g | |
| Kerramax Care | 10 x 10 | | 10 x 22 | | 20 x 22 | | |
| Jelonet (temporary or daily dressings only) | 5 x 5 | | 10 x 10 | | 10 x 40 | 15cm x 2 m roll | |
| Kapitax Trachi-Dress | Via Oracle only – not pharmacy - TR DRE 0002 (large) | | | | | | |
| Purilon gel | 8g | | | | | | |

| Consultant or Nurse Specialist Prescription (or doctor in consultation with Nurse Specialist): | | | | | | | | |
|--|---------------------|---------|-----------------------|---------|---------------------------|--------------|----------------------------|-----------------|
| Adaptic Touch | 7.6 x 5 | 7.6x 11 | 12.7x15 | 20 x 32 | Digit Small | Digit medium | Digit Large | Digit Ex. Large |
| Actilite | 10 x 10 | | 10 x 20 | | | | | |
| Algivon | 5 x 5 | | 10 x 10 | | | | | |
| Allevyn Ag Gentle | 5 x 5 | | 10 x 10 | | 15 x 15 | | | |
| Allevyn Ag Gentle Border (GB) | 7.5 x 7.5 (pad 5x5) | | 10 x 10 (pad 7.5x7.5) | | 12.5 x 12.5 (pad 10 x 10) | | 17.5 x 17.5** (pad 15x 15) | |
| Aquacel Ag EXTRA | 5 x 5 | | 10 x 10 | | 15 x 15 | | Rope 2 x 45 or Rope 1 x 45 | |
| Allevyn GB Lite | 5 x 5 | 10x10cm | 5.5x12cm | | 8x15cm | | 15 x 15 | |
| Acticoat Flex 3 | 5 x 5 | | 10 x 10 | | 10 x 20 | | 40 x 40 | |
| Acticoat Flex 7 | 5 x 5 | | | | | | | |
| Actiform Cool | 5 x 6.5 | | 10 x 10 | | 10 x 15 | | | |
| Carboflex | 10 x 10 | | 8 x 15 | | 15 x 20 | | | |
| Clinisorb | 10 x 10 | | 10 x 20 | | | | | |
| Flaminal forte | 15g | | | | | | | |
| Iodoflex | 5g | | 10g | | | | | |
| Mepitel | 5 x 7 | | 8.0 x 10 | | 12 x 15 | | | |
| Mepilex Transfer | 15 x 20 | | 20 x 50 | | | | | |
| Tegaderm Foam Adhesive | | | 10 x 11 oval | | 14 x 14 (heel) | | | |
| Urgotul | 10 x 10 | | 15 x 20 | | | | | |
| Urgotul SSD | 11 x 11 / 10 x 12 | | 16 x 21 / 15 x 20 | | | | | |