

V.A.C. Dressings Prescription Sheet

Ward: Date: Consultant:	Patient details (addressograph) Name: Hospital No: Date of Birth:
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Settings	Pressure (mmHg)	Continuous/intermittent	Sign/Date
Revisions	Pressure (mmhg)	Continuous/intermittent	Sign/Date

Topical Negative Pressure consumables for VAC ATS, V.A.C. Ultra, and ActiV.A.C. units.
 Registered Nurse / Doctor Prescription only.
 NB. Topical Negative Negative Pressure Therapy MUST be requested in the clinical record by the Clinician responsible for the patient, or Specialist Nurse in conjunction with the clinician.

VAC Granufoam (black) dressing kit	Small (10 x 7.5) Code: M8275051/10 (Box of 10)	Medium (18 x 12.5) Code: M8275052/10 (Box of 10)	Large (26 x 15) Code: M8275053/10 (Box of 10)
VAC ATS Canister 500 mls Code: M6275063/10 (Box of 10)			
VAC DRAPE 30.5 x 26 Code: M6275009/10 (Box of 10)		VAC Gel strips 14 x 13 Code: M6275026/10 (Box of 10)	
VAC ATS 'TRAC' Pad Code: M8275057/10 (Box of 10)		VAC ATS 'TRAC' Y Connector Code: M6275066/10 (Box of 10)	
VAC ACTIVAC Canister W/ Gel 300mls Code M8275058/10 (Box of 10)			
V.A.C VeraFlo Dressing,	Small ULTVFL05SM (Box of 5)	Medium ULTVFL05MD (Box of 5)	
V.A.C. VeraFlo Cleanse Dressing ULTVCL05MD (Box of 5)		V.A.C. VeraLink Cassette ULTLNK0500 (Box of 5)	
InfoV.A.C. 500ml canister W/Gel M8275063/10 (Box of 10)		Ultra/InfoV.A.C. 1000ml Canister W/Gel M8275093/5 (Box of 5)	

Date	Product	Size	Amount	Signature	Pharmacy