Shropshire Telford and Wrekin Health Economy
Wound Management Steering Group

Restricted / Specialist dressings – Authorisation Form

Patient Details	
Patient Name	
Patient DOB	
Patient NHS Number	

Requestor Details					
Name					
Job Title					
Location of Requestor (please tick appropriate box)					
DN Site		GP Practice		Nursing home	
Telephone no.		Email address			

Wound Details (please tick as appropriate)						
Type	Venous leg ulcer		Diabetic foot ulcer		Fungating/malignant wound	
	Surgical wound		Pressure ulcer		Trauma injury	
	Skin graft/donor site		Burn		Skin tear	
	Hematoma		Other			
Type of wound bed	Epithelialising		Granulating		Sloughy	
	Necrotic		Infected		Colonised	
	If infected, date swab taken?					
Level of exudate	Low		Moderate		High	
Duration of wound			Size of wound			
Further information (please provide any other relevant information)						

Current/previous dressing regime				
	Products used (including primary dressing)	Duration used	Frequency of change	Reasons discontinued/ not suitable
1.				
2.				
3.				

History of oral antibiotics?			
	Name, dose & frequency	Duration used	Date started
1.			
2.			
3.			

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Details of Restricted/Specialist Dressing requested for use			
Name of product			
Reason for choice			
Size of dressing			
Frequency of change & expected duration of use			
Quantity required		Size required	

To be completed by Tissue Viability Nurse / Community IDT Lead / Practice Lead as appropriate:

Approved (please tick)		Declined (please tick)	
If declined, action required/alternative recommendation:			
Name			
Job title:			
Signature		Date	
Amcare request authorised (date) NB: only applicable to restricted dressings			

AMCARE authorisation not required

Senior Clinical oversight/authorisation required by Community IDT Lead / Practice Lead

Please ensure your Lead has authorised the use of specialist dressings / products and file this form safely for audit purposes.

Silver-containing wound dressings:
Urgoclean Ag
Aquacel Ag
Urgotul Silver

Specialist wound dressings:
Flaminal Hydro
Flaminal Forte
Octenilin Solution
UCS Cloths
Debrisoft Lolly
Mepilex
Mepilex Border
Mepilex XT
Urgoclean
Urgostart Plus
Proshield Spray and cream
Viscopaste Bandage

AMCARE authorisation required

Authorisation required by Tissue Viability Nurse before AMCARE order can be processed and restricted item used.

Restricted wound dressings:
Acticoat Flex 3
Polymem
ALL NEGATIVE PRESSURE WOUND THERAPY
Renasys
Pico 7
Pico 14

To obtain Amcare authorisation, please email the completed form to tissueviability@nhs.net

The TVN Team will respond within 2 days.
If the request is urgent, please contact the TVN Team on 01952 670925

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