

Continence Care Service

Admin Building, Astley Ainslie Hospital, 133 Grange Loan, Edinburgh, EH9 2HL

Telephone ordering line: 0131 537 4572

email: loth.continencecare@nhs.scot

Care Home Urology Appliance Request Form

This form should be completed by **Registered Nurses** using **BLOCK CAPITALS** and sent to the address above. Download form at: <https://services.nhsllothian.scot/carehomes/services-bladder-and-bowel-health/>

Please note that incomplete forms cannot be processed and will be returned.

ALL ITEMS WHETHER REQUIRED OR NOT MUST BE PRESCRIBED ON THIS FORM.

❖ To reorder items staff can then telephone the service ordering line (0131 537 4572 then press option 1)

☐ NOTIFICATION TO CANCEL ALL UROLOGY APPLIANCES ☐ RESIDENT DECEASED

RESIDENT DETAILS			CHI No:	
Resident Surname:			Resident Forename:	
Title:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:	
Care Home Name:			Care Home Unit:	
Address:				
Area/Town:		Post Code:	Telephone:	
GP Name:			GP Practice:	
GP Address:				
Registered Nurse's Name:			Nurse Telephone:	

UROLOGY APPLIANCES (see overleaf for product names and code numbers)

Code Number	Product Name	Supply Now (tick ✓)
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Preferred Pharmacy:
Pharmacy Address:

Reason for Non-Formulary Request	
Has this request been discussed with a Bladder and Bowel Nurse? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signed by Registered Nurse:	Designation:
Print Name of Registered Nurse:	Date:

UROLOGY APPLIANCE FORMULARY PRODUCT NAMES AND CODE NUMBERS

If you require advice from the Bladder and Bowel Nursing Team for product selection there is an advice line available Mondays, Wednesdays and Fridays from 2.00pm to 4.00pm by telephoning 0131 446 4324.

Foley Catheters	Short term (up to 4 weeks)	Long term (up to 12 weeks)		
	PTFE coated latex	Hydrogel coated latex	All silicone	Open-ended all Silicone
Male/Standard Size 12	DP310112	DH310112	DA310112	OEUF12
Male/Standard Size 14	DP310114	DH310114	DA310114	OEUF14
Male/Standard Size 16	DP310116	DH310116	DA310116	OEUF16
Male/Standard Size 18	DP310118	DH310118	DA310118	OEUF18
Male/Standard Size 20		DH310120	DA310120	
Male/Standard Size 22		DH310122	DA310122	
Female Size 12		DH210112	DA210112	
Female Size 14		DH210114	DA210114	
Female Size 16		DH210116	DA210116	
Female Size 18		DH210118	DA210118	
Female Size 20		DH210120	DA210120	
Female Size 22		DH210122	DA210122	

Instillagel (pack of 10 syringes)	Female (6ml)	40-006	Male (11ml)	40-011
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Night Bags (non drainable) – pack of 10	LM2LNS
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Leg Bags (sterile) – pack of 10 bags with Velcro straps			
T-Tap short tube (350ml)	LM350MD-T	T-Tap long tube (350ml)	P350L
T-Tap short tube (500ml)	LM500MD-T	T-Tap long tube (500ml)	LM500LD-T
T-Tap short tube (750ml)	LM750MD-T	T-Tap long tube (750ml)	LM750LD-T
Lever Tap short tube (500ml)	LM500MD-L	Lever Tap long tube (500ml)	LM500LD-L
Lever Tap short tube (750ml)	00-1752	Lever Tap long tube (750ml)	00-2752

Catheter Retainer Strap (pack of 5 straps)	
Adult	AD3403

Catheter Valves (5 per pack)	CF1
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Leg Bag Holders (washable) pack of 4 holders			
Small (24-39cm)	ME350-750S S	Medium (36-55cm)	ME350-750S M
Large (40-70cm)	ME350-750S L	Extra-large (65-95cm)	ME350-750S XL
XX-Large (75-105cm)	ME350-750S XXL		

Penile Sheaths (ensure correct measurement) pack of 30 (shorter length sheath)							
21mm	22121	25mm	22125	30mm	22130	35mm	22135