

## Continence Care Service

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

Telephone ordering line: 0131 537 4572

### Care Home Urology Appliance Request Form

This form should be completed by **Registered Nurses** using **BLOCK CAPITALS** and black ink and posted to the address above. Forms can be downloaded from:

<https://weare.nhsllothian.scot/continencecareservice/care-home-documents/>

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)

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:	
Resident Medical Condition (please tick one box)			
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Mental Health Issue	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Dementia <input type="checkbox"/> Other
<input type="checkbox"/> Acutely ill	<input type="checkbox"/> Terminally ill		

#### 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?  Yes  No

Signed by Registered Nurse:

Designation:

Print Name of Registered Nurse:

Date:

## UROLOGY APPLIANCE FORMULARY PRODUCT NAMES AND CODE NUMBERS

Please contact the Bladder and Bowel Nursing Team (0131 446 4324) if you require clarification on product selection.

Foley Catheters	Short term (up to 4 weeks)	Long term (up to 12 weeks)	
	PTFE coated latex	Hydrogel coated latex	All silicone
Male/Standard Size 12	DP310112	DH310112	DA310112
Male/Standard Size 14	DP310114	DH310114	DA310114
Male/Standard Size 16	DP310116	DH310116	DA310116
Male/Standard Size 18	DP310118	DH310118	DA310118
Male/Standard Size 20		DH310120	DA310120
Male/Standard Size 22		DH310122	DA310122
Female Size 12	DP210112	DH210112	DA210112
Female Size 14	DP210114	DH210114	DA210114
Female Size 16	DP210116	DH210116	DA210116
Female Size 18	DP210118	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