Lincolnshire Community Health Services NHS Trust

# FORMULARY OF WOUND MANAGEMENT PRODUCTS

(Incorporating the SOP for Direct Supply of Wound management Products)

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| Reference No: | P_CS_26 |
| Version: | 7 |
| Ratified by: | LCHS Trust Board |
| Date ratified: | 12 March 2019 |
| Name of originator/author: | Medicines Management Officer / Tissue Viability Team |
| Name of responsible committee/individual: | Effective Practice Assurance Group |
| Date issued: | March 2019 |
| Review date: | March 2021 |
| Target audience: | All staff and service leads |
| Distributed via: | LCHS Website |

# Formulary of Wound Management Products
# Version Control Sheet

| Version | Section/Para/ Appendix | Version/Description of Amendments | Date | Author/Amended by |
|---|---|---|---|---|
| 1 | Section 4 | Updated information | September 2010 | Lorna Adlington |
| | Section 7 | Revised evaluation process | September 2010 | Lorna Adlington |
| | Section 10 | Limited product amendment. | September 2010 | Lorna Adlington |
| | Section 10 | Update product prices | September 2010 | Lorna Adlington |
| | Appendix two | Removed local evaluation process | September 2010 | Lorna Adlington |
| | Appendix four | Removed new product assessment process | September 2010 | Lorna Adlington |
| | Section 12 | Update references | September 2010 | Lorna Adlington |
| 2 | Section 1 | Update information relating to organisational change and East Midlands Network | January 2012 | Lorna Adlington |
| | Section 7 | New Section – non prescription route of supply | January 2012 | Lorna Adlington |
| | Section 5 | New section – specialist formulary | January 2012 | Lorna Adlington |
| | Section 12 | Product amendments and update product prices and sizes | January 2012 | Lorna Adlington |
| | Section 12 | Addition of specialist formulary | January 2012 | Lorna Adlington |
| | Section 14 | Updated references | January 2012 | Lorna Adlington |
| | Appendix One | Updated product classifications | January 2012 | Lorna Adlington |
| | Appendix Four | New section – Tissue Viability Specialists contact details | March 2012 | Lorna Adlington |
| 3 | Section 12 | Amend product size (K Two) and update product name (Silvercel) | June 2012 | Lorna Adlington |
| 4 | Throughout | Branding changes | May 2013 | Lorna Adlington |
| | Throughout | Updated to reflect organisational changes | May 2013 | Lorna Adlington |
| | Section 12 | Minor product amendments / update product prices and sizes | May 2013 | Lorna Adlington |
| | References | Update reference list | May 2013 | Lorna Adlington |
| | Appendix 4 | Updated contact details | May 2013 | Lorna Adlington |
| 5 | Section1 | Update changed to every two years | December 2015 | |
| | Section 3 | Role of link champions | December 2015 | |
| | Section 4.7 and Appendix 3 | Formulary equivalents list | December 2015 | |
| | Section 8 | Updated stock on shelves | December 2015 | |
| | Section 9 | Update formulary review process | December 2015 | |

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| | Section 12 | Update product list, specialist formulary and starter pack list. | December 2015 | Lorna Adlington |
| | Section 13 | Update product classifications | December 2015 | |
| | Section 14 | Updated references | December 2015 | |
| | | Updated appendices. | December 2015 | |
| 8 | Throughout | Amalgamate WM formulary guidance and SOP for direct supply of wound management products | November 2016 | Lorna Adlington |
| | Throughout | Update product costs / product codes. | | |
| | Page 7<br><br>Page 9 | Summary of clinical guidance for wound management<br>Emollients | January 2017 | Colette Longstaffe |
| | Section 3, 4 & 6 Appendix 4 and 7 | Removal of Advadraw – no longer available.<br>Change to Medihoney wound gel<br>Change to Blue Dot irrigation fluid (NHS SC) | 17th March 2017 | Lorna Adlington |
| | Section 2, page 14, no 8.8 | Addition of disposal of damaged stock and record of cost. | 7th July, 2017 | Lorna Adlington |
| 6.1 | Section 3, 4, 6 and appendix 4 and 7 | Addition of Kerramax Care and removal of Flivasorb. Addition of Flaminal, Hydroclean cavity and debrisoft debridement pad to specialist formulary. | 19th September, 2017 | Lorna Adlington |
| | | Updated references throughout. | | |
| 7 | Section 5.12 | Updated evaluation process. | 20th January, 2019 | Sara Brooks / Lorna Adlington |
| | Section 11 | Revised product review process | | |
| | Section 3, 4, 5 | Product list updates | | |
| | Appendix 1, 2, 3, 4, 6, 7 | Updated products | | |
| | References | Updated throughout. | | |
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# Formulary of Wound Management Products
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## Formulary of Wound Management Products
## Policy Statement

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| **Background** | The purpose of this wound management formulary is to work towards standardisation of the practice of wound care across the Organisation providing a clinically effective range of products selected on the basis of clinical need, cost effectiveness and best available evidence.<br>The SOP for direct supply of wound management products is included within this document. |
| **Statement** | This policy supports local and national guidance and promotes 'best practice'. |
| **Responsibilities** | Implementation and compliance with this policy will be the responsibility of all staff. |
| **Training** | Directors/Heads of Service are responsible for arranging the provision of appropriate training to ensure relevant skills, knowledge and competencies are maintained. |
| **Dissemination** | Website<br>Service Leads |
| **Resource implication** | This guideline has been developed in line with national guidelines and 'best practice' to enable the appropriate delivery of standardised wound care across the interface between primary and secondary care. There are no additional resource requirements. |

## SECTION ONE WOUND PRODUCT SELECTION INFORMATION

### 1. Introduction and Background

1.1 A Wound Management Formulary provides an opportunity to standardise the practice of wound management across the health care community. The wound management formulary is intended to support specialist services in delivery of evidence based healthcare.

1.2 This formulary provides an initial baseline to support practitioners in their treatment choices and care planning. It has been formulated following review and consultation with countywide Tissue Viability Specialists. It is intended to facilitate continuity of a shared range of products across primary and secondary care. This is an evolving document, reviewed every two years, which in working in partnership with practitioners in ULHT will enable development and implementation of a functioning countywide formulary. This will support interface working between primary and secondary care, dependent upon appropriateness and availability of products, in an overall aim to ensure continuity of treatment and service provision.

1.3 The wound care formulary is intended to inform the practice of all practitioners within primary care and Lincolnshire Community Health Services Trust.

1.4 This document and product formulary has been devised by local Tissue Viability Nurse Specialists, who provide specialist knowledge and expertise in wound care management.

1.5 The formulary aims to provide a clinically effective range of products, appropriate to manage the vast majority of wounds, selected on the basis of clinical need, cost effectiveness, best evidence available and suitability. The intention is that it will be a constantly evolving and dynamic document, evaluated and updated to innovations in practice and newly evaluated products.

1.6 It aims to ensure that patients have, where appropriate, continuity of wound care products across the interface between primary and secondary care.

### 2. Aims

2.1 The aims of this document are to:

2.1.1. Promote best practice in wound management;
2.1.2. Guide practitioners in appropriate dressing's choice;
2.1.3. Standardise appropriate practice;
2.1.4. Promote cost effective practice.
2.1.5 Provide an operational guide to management stock on shelves.

### 3. Responsibilities of the practitioner

3.1 Individuals are responsible for maintaining their own professional knowledge and competence and ensure they work within the limits of their competence (NMC 2015 and 2008).

3.2 All patients with an open wound will have an assessment and an individualised care plan devised by a registered practitioner. The practitioner will be accountable and responsible for the plan of care following initial assessment and any subsequent changes. Any changes in the wound and surrounding skin appearance and / or patient reported symptoms must be documented and care plans adjusted as necessary.

3.3 The wound management products on formulary are suitable for the majority of wounds and for each stage there are appropriate product choices to accommodate practitioner preference. When formulary choices have been exhausted and a satisfactory outcome has not been achieved, practitioners may select other products providing choice is supported with a clear rationale and evidence base.

3.4 Use of any non formulary product must first be agreed with the local Tissue Viability Specialists, who will be responsible for; ensuring that formulary products have been applied as first line treatment choice; challenging non formulary product choice requesting a clear rationale for off formulary prescribing; and suggesting potential formulary alternatives. If a Tissue Viability Specialist is not available then advice should be sought from a local Case Manager or Non Medical Prescriber.

3.5 There is an expectation that Tissue Viability specialists will provide first line support and advice to community staff and ensure delivery of safe, evidence based and cost effective practice and providing ongoing referral as clinically appropriate.

3.6 Non-medical prescribers are professionally accountable for their prescribing decisions, including actions and omissions. All registered nurses are personally accountable for their practice, including acts and omissions, regardless of advice or directions from another professional (NMC 2006).

3.7 Non-medical prescribers may issue repeat prescriptions where appropriate, however they should recognise that as signatory they are responsible and remain accountable for their practice. Before undertaking to sign a repeat prescription the prescriber has a responsibility to ensure that it is safe and appropriate to do so.

## 4. Summary of Clinical Guidance for Wound Management

### 4.1 Wound Assessment

4.1.1 Wound management choice and care planning should be based around the findings of a holistic patient assessment and wound assessment therefore all patients admitted to the LCHS caseload for wound management interventions require the following to be implemented and documented:

- Holistic assessment including previous medical history and medication
- Risk assessments including PURPOSE T, if clinically indicated (Pressure ulcer risk tool)
- Documentation of allergies including previous dressings and tapes used.
- Establishing the cause of the wound i.e., surgical wound, venous leg ulcer, pressure ulcer or traumatic wound.
- Weekly Wound assessment to be fully completed which includes the wound Length, Width and depth. Tissue in wound bed to be recorded in percentages e.g. 50% granulation
- Careful examination of wound bed undermining and tunnelling to be fully recorded.
- Weekly Clinical photography to be completed for pressure ulcers and as a minimum fortnightly for all other wounds unless wound deterioration and this should be completed earlier.
- Blood samples and wound swabs to be taken and recorded if infection suspected and followed up with the GP for treatment which needs documenting
- Pain assessment to be completed and referred to GP for analgesia review if current medication not effective in managing patient pain.
- Lower limb assessment to be completed where patient has an ulcer on the leg or foot , including pressure ulcers

### 4.2 Care planning and wound management

- A management plan should be agreed with the patient that addresses both intrinsic and extrinsic factors that may delay wound healing.
- Appropriate referral to the MDT should be considered.
- Wound management care plans to be individualised highlighting rationale for the dressing regime choice and frequency of dressing change. The principles of wound bed preparation and moist wound healing should be understood.
- Devitalised tissue must be removed from the wound bed by a suitable debridement method to promote wound healing and alleviate symptoms such as malodour.
- Dressings used must be prescribed according to the local needs of the wound, exudate levels, pain and malodour and in line with LCHS wound management formulary
- If the patient has a leg ulcer the lower limb pathway should be followed in line with 'The Clinical Guidelines for The Assessment and Management of Lower Limb Ulceration within

Adult Community Services (2016).

- If the patients wound is being managed with Negative Pressure Wound therapy clinicians should refer to the guidance 'Negative Pressure Wound Therapy' (LCHS 2015)

**4.3 Cavity Wounds**

4.3.1 Cavity Wounds are common in clinical practice and provide a number of challenges to clinicians to include malodour large volumes of exudate, prolonged healing time, increased risk of infection, pain, wound bed which cannot be easily seen or accessed and exposed fascia, tendons, muscle and bone.

4.3.2 There is currently no clear agreed definition of what a cavity wound is however they can be described as any wound that extends beneath the layer of the dermis (Timmons and Copper 2008) or any wound that requiring more than a simple flat dressing (Williams 1997).

**4.4 Referral**

- In some cases the wound may be too deep to probe or may contain sinuses that will need to be investigated by x ray or MRI.
- The presence of excessive pain, suspected deep infection, bleeding, increased volumes of exudate and failure to heal require further investigation.

**4.5 Cavity Wound management**

- Both the findings of the holistic and wound assessment will determine the management plan.
- Tissue type, exudate volume and bioburden should be considered when selecting a dressing for a cavity
- In addition consider a dressing that can facilitate free drainage of exudate, is atraumatic on removal and can contour to the wound bed
- Where possible clinicians should use one piece of continuous dressing in the wound cavity to prevent fragments being left embedded in the wound bed e.g. Aquacel ribbon.
- If more than one dressing is required always document the quantity of dressings used in wound bed i.e., 3 alginate ribbons and subsequent dressings removed. A tail from the dressing should be left exposed to aid removal.
- Wound to be redressed as per Aseptic Non-Touch Technique (ANTT) guidance

**4.6 Referral to Tissue Viability**

- Referral to Tissue Viability Team can be made via task on system one followed up with a phone call to establish the need to review patient face to face Tissue Viability assessment.

**5. Wound management product selection**

5.1 Product selection presents a challenge for clinicians with choice often being lead by local practice, clinical experience and limited evidence. With an increasing range of products available, choosing a suitable wound management product can be difficult.

5.2 Barber (1995) defines what good prescribers should be trying to achieve, both at the time of prescribing and in monitoring treatment thereafter; maximising effectiveness, minimise risk, minimise costs and respect patient choice.

5.3 An equivalents list is provided at Appendix Three to assist in identifying formulary equivalents to non-formulary products – this list is not exhaustive. Where previously a non-formulary product is being used, where appropriate a formulary equivalent should be identified following a clinical assessment.

5.4 Choose an appropriate dressing using the quick reference guide in Appendix One. In particular consider the condition of the wound bed, the amount of exudate and treatment aims and objectives. Practitioners should ensure they make product choices and deliver care based on the best available evidence or best practice (NMC 2008).

5.5 Choose an appropriate size dressing to be more cost effective. Ensure the active part of the dressing covers the wound.

5.6 Consider whether the dressing needs to be self adhesive or whether secondary fixation with a bandage is required to prevent the use of adhesives on delicate skin.

5.7 Avoid using layers of dressings. Most products are designed as primary wound contact layers'; putting layers on top of one another is neither clinically or cost effective.

5.8 Extra absorbency can be achieved through absorbent pads used as a secondary dressing rather than dressings designed to be placed on the wound bed.

5.9 Check the manufacturer's instructions for the recommended wear time, contraindications and application guidance.

5.10 Check the product is within the 'use by date'.

5.11 Ensure that the products are obtained through the recognised / recommended route. Use of 'Boot Stock' (unused named patient products) is seen as fraudulent practice and as such is unacceptable. Similarly use of samples from pharmaceutical companies is not accepted practice.

5.12 Evaluation of wound management stock should be coordinated by the tissue viability specialists. Manufacturers supply of identified wound management products may be used for evaluation stock for use in work associated with formal evaluations only. This supply will be requested centrally by LCHS TVNs and not on an individual practitioner or team basis.

5.13 All organisational documentation should be completed as appropriate. Records should be legible, accurate and recorded in such a way that the meaning is clear. In line with local policy a date and time should be annotated to all records; all entries should be signed and should not include any unnecessary abbreviations or jargon.

5.14 The frequency of dressing change depends on each individual wound. Consideration should be given to the level of exudate being produced and the product chosen however many products can remain in place for 3 – 4 days. Practitioners should be guided by their own clinical judgement and the guidance provided in the manufacturer's instructions.

5.15 There may be specific circumstances when a patient is discharged from an acute care setting with a detailed treatment plan that requires specific training and competencies to deliver. On these particular occasions the referral should involve the tissue viability specialists and provision will be made for the delivery of local support and training. Colleagues within ULHT have agreed to provide such support and training should local competencies not be available to support a non-formulary treatment.

## 6. Emollients

6.1 Reference should be made to the following documents when using emollients and barrier preparations:

- PACE bulletin Vol 9 no 5 (May 2015) Prescribing emollients for dry skin conditions.
- PACE bulletin Vol 9 no 19 (November 2015) Guidance on the prescribing of barrier preparations and skin protectants.
- MHRA (2016) Paraffin-based skin emollients on dressings or clothing: fire risk,
- MHRA (2018) Emollients: new information about risk of severe and fatal burns with paraffin-containing and paraffin-free emollients
- PACE Bulletin Vol 10 No 5 March 2016
- UKMI 2012 Can topical steroids be applied at the same time as emollients?

6.2 Further information can be found within Lincolnshire Joint Formulary http://www.lincolnshirejointformulary.nhs.uk/

## 7. Specialist Formulary

7.1 It has been recognised that there are occasions when the Tissue Viability Nurse Specialist may require access to more specialist products. These products are only to be used directly via the Tissue Viability Nurse Specialists or on the recommendation of the specialist. They are not for wider use.

7.2 These products are not available for access via the Non Prescription Supply Route.

7.3 These products will either be prescribed directly via the Tissue Viability Nurse Specialists or on their behalf following professional recommendation.

7.4 Patient documentation will need to reflect the clinical rationale for the use of these products.

## 8. Sensitivities and Allergies

8.1 With any medication, product or appliance there is always the potential for any unwanted effects, drug interactions, contraindications or sensitivities. Treatment should not be undertaken without an in-depth knowledge of its potential for benefitting the patient as well as any potential adverse reactions (Benbow 2008). Practitioners should always consider constituents, application, and indications and be aware of any potential sensitivities or contra-indications before commencing treatment with any wound management product.

8.2 Should signs of sensitivity reaction develop during the use of any wound management product, treatment should be discontinued.

8.3 Some wound management products may contain animal by-products, latex or excipients known to cause sensitivities. Practitioners are advised to contact manufacturers for further information on individual products should this be required.

## 9. Underpinning Philosophies

9.1 All patients should have access to wound management materials that have been shown to optimise both the local wound healing environment and the patient's own healing potential and in addition have been demonstrated to be efficacious and cost effective.

9.2 All practitioners should have a choice of products to ensure that they are actively involved in the wound management assessment process and are able to exercise their own accountability.

9.3 All products included within this formulary are available on FP10 prescription and via NHS Supply chain stock on shelves. A limited amount of stock is available through NHS supply chain to support ‘starter pack’ stock in a limited number of areas.

9.4 The formulary aims to guide prescribers in their choice of the most appropriate product whilst ensuring value for money in the use of NHS resources.

## 10. Non Prescription Route of Supply

10.1 In identified areas practitioner teams are receiving wound management products through direct supply rather than via the FP10 route. This product list for this supply route is the local formulary list. .

10.2 Section Two of this document details the operational process for management, ordering and implementing this route of supply.

## 11. New Products and Review of the Formulary

11.1 The formulary will be reviewed and updated every two years unless there are products of clinical or cost significance. This should be coordinated by the TV specialists.

11.2 Contributions to the process are invited from all practitioners.

11.3 All product reviews, local evaluations and recommendations will be considered by LCHS DTC and PACEF and a traffic light classification applied to support product use locally.

11.4 This is the only approved route of product evaluation for LCHS.

11.5 No evaluations should be undertaken which are not directly linked to the Tissue Viability service work programme. This will ensure appropriate monitoring and delivery of a robust process.

11.6 Evaluation forms relating to individual product categories will be sent out prior to each individual product evaluation.

**12. Guidance on quantities**

12.1 Where products are prescribed and in an effort to reduce waste practitioners should be cautious when prescribing quantities of any wound management product. It is understood that this is very much dependent on individual need however unless long term use has been established the practitioner should be prescribing a maximum of two weeks of dressing change.

**13. Information distribution**

13.1 This formulary will be available to all services across the health community and has been agreed following a STP task and finish group.

13.2 Supporting communication and all updates will be detailed through The Tissue Viability App, link practitioner meetings, local team and service meetings and through appropriate application of the role of Tissue viability link practitioners.

13.3 Copies of the document will be made available to CCGs, ULHT and LPfT as required.

13.4 All practitioners will have access to copies of this document via the Trust Website.

**SECTION TWO**

## Standard Operating Procedure (SOP) for the direct supply of wound management products

1. Introduction

1.1 This Standard Operating Procedure supports direct ordering of wound management products via an on-line ordering system called FORMEO. This is an alternative method of ordering and supply via NHS Supply Chain (NHS SC) replacing the more traditional FP10 route.

1.2 A stock list of products is available through a third party supplier, delivered directly to identified bases and supplied directly to Community Nurses and Community Hospitals and ultimately patients via requisition. This eliminates the need to prescribe and dispense wound management products for patients.

1.3 Stocks will be carefully managed, monitored and replenished dependent upon the needs of individual nursing teams. The overall stock list is determined in accordance with the Lincolnshire Wound Management Formulary and local usage patterns.

1.4 FORMEO is a web – based ordering system. This system enables easy on-line ordering from a pre – defined formulary. It is user friendly and an easy to use system allowing the quick and easy ordering of wound management products.

2. Practitioner supply

2.1 Practitioners will need to ensure that it is clearly documented within the individual patient record the name of the product and volume of stock supplied to the patient. Appendix four provides request pro-forma for those areas who use administrative staff to support the selection of products.
2.2 A maximum of five days' supply should be taken into a patient's home at any one time to reduce the incidence of waste. If treatment has been ongoing long term without change and it is expected to continue then level of supply should be informed on an individual patient basis.
2.3 Stock which has been stored in a patient's home should not be returned to the central store cupboard.
2.4 Stock should be transported to the patient's home in an appropriate container as agreed by the Trust Prevention lead.
2.5 Practitioners should not maintain a stock of wound management products in car boots or clinical bags. Stock should be accessed on a patient by patient basis dependent on clinical need. Products for first dressing supply can be carried in clinical bags, however should not be level stored in the car overnight.
2.6 The request for stock will be allocated by the individual responsible for allocation and stored appropriately until taken to the patient's home.
2.7 Stock is allocated on a patient by patient basis.
2.8 Patients discharged from community hospitals should provide adequate supply to cover treatment changes, by the community nurses, for up to 5 days.

3. Ordering

3.1 Orders will be placed on a weekly basis dependent on the stock level requirements of each nursing team. This should be informed by the minimum stock levels set at team level.
3.2 Orders will be placed through the on–line ordering system FORMEO.
3.3 Each team will order on a specific day per week.
3.4 A nominated person will be responsible for the ordering of stock, stock rotation, record keeping and audit.
3.5 At each individual storage point an identified individual should be appointed to manage the ordering and monitoring of stock.
3.6 Each storage location will be identified through a specific order code to enable monitoring of volume and value of stock ordered.
3.7 Orders may need to be placed early if usual order / delivery day falls on a Bank Holiday. Further advice can be provided by NHS Supply Chain customer service contacts (see appendix five).

4. On – line ordering

4.1 The user will connect to the web site using the web address www.formeo.co.uk .

4.2 The user will be expected to log in using a unique ‘log in’ and password. These are individual to each order point.
4.3 Passwords are individual to each order point and security should be maintained appropriately.
4.4 Select the ‘New Order’ tab from the options at the top of the screen.
4.5 The screen asks you to select a supplier – there is only one option available ‘NHS Supply Chain’.
4.6 Select the ‘Process’ icon. This displays all the available dressings.
4.7 On the left hand side of the screen select ‘Dressing Name’.
4.8 Click on the named dressing required. This will bring up another screen showing all the products available. Insert the number of dressings required and click the icon for ‘Add required items’.
4.9 Should you wish to delete any items added then click on the product and drag down to the bin icon labelled ‘Remove Item’.
4.10 Should you wish to decrease the number of products ordered then click on the product and drag down towards the bin icon labelled ‘Reduce Quantity’.
4.11 When all items are added to the order select the ‘Process Order’ icon on the bottom right of the screen. This moves to another screen which will request a reference for the order placed. The name of the person placing the order should be added as a reference, to enable the order to be traced if required.
4.12 Finally tick the icon to ‘Confirm order’.
4.13 This has completed the order process. Print a copy of the order created for cross reference with the delivery note upon delivery. A copy of the order placed can be obtained by following the process for review order below.
4.14 Click on the ‘Log Out’ icon when finished. This will take you out of the FORMEO site securely.

5. Review order
5.1 The review order screen allows the user to view all orders in a list format.
5.2 Select the ‘Review Order’ tab from the tool bar at the top of the screen.
5.3 This will provide a list of all orders for the selected individual base.
5.4 The list can be filtered by order status, location and user.
5.5 By clicking on the magnifying glass icon on the right hand side of the order, the user may view the order in more detail. This will provide a complete list of the orders placed.
5.6 The order should be printed to provide a cross reference list to check delivery.
5.7 This screen also enables the user to view the cost of the individual products and the cost of the entire order placed.

6. Deliveries
6.1 Deliveries will be received on a specified day each week. Each team will have a cut off time for orders to be placed. These will be arranged by NHS SC and notified to each individual team.
6.2 Deliveries will be signed for on receipt. It is expected that deliveries will be brought inside the building and will not be decanted outside.
6.3 Deliveries will need to be checked against the original order to ensure the order is complete.
6.4 Any incomplete orders should be communicated to NHS SC via customer services – See contact details at Appendix Two.
6.5 Receipt of a correct order should be acknowledged on the ‘on line’ ordering system, to support monitoring and to ensure correct invoicing.
6.6 Any error with the received order should be reboxed and an email detailing the error sent to NHS SC (see communications list in Appendix two) to request collection.
6.7 Returns should be communicated to NHS SC as soon as possible but within 3 days of delivery. See attached ‘NHS SC Returns Policy’ at Appendix Four.
6.8 If usual deliveries are planned for bank holiday, the delivery will be made on the following working day – for example if delivery is planned for a Bank Holiday Monday expect delivery on the following Tuesday.

7. Storage
7.1 Once the delivery has been checked the products should be put away in storage areas.
7.2 Stock rotation is important to reduce the risk of stock expiring.
7.3 Stock levels should be monitored and be appropriately managed to inform weekly ordering.

8. Stock levels
8.1 Stock levels should be identified for each storage area / individual base.

8.2 Stock rotation should be implemented to avoid stock expiring.
8.3 It is advisable that each individual base should set their own individual minimum and maximum stock levels which they apply to the stock within their cupboard. These should be reviewed annually taking into account any stock which has had to be disposed of or written off.
8.4 Stock will be replenished on a weekly basis. There is no requirement to over order as stock can be accessed weekly. Likewise if stock is not required there is no expectation that an order will be submitted.
8.5 Stock levels should be reviewed 6 monthly to ensure that there is no overstocking and ensure products are used within their expiry date.
8.6 Stock levels should be checked prior to sending of any weekly order.
8.7 Stock with a short expiry date should be identified and moved to areas which may utilise the stock.
8.8 Any damaged or expired stock should be disposed of as appropriate and a record made of the quantity and cost. This record should be included in the annual stock review.

## 9. Non formulary prescribing

9.1 Ordering via FORMEO will enable supply of formulary items only.
9.2 Non formulary prescribing / ordering wound management products via the FP10 route may be required in exceptional circumstances. Prior to obtaining a prescription for a non-formulary product the practitioner should discuss the clinical rationale with local Tissue Viability Champion / non-medical prescriber or case manager.
9.2 Any non-formulary prescribing should be recorded providing a clear rationale for wound product choice.

## 10. Monitoring / Audit

10.1 FP10 prescribing will be monitored via ePACT data and will be supplied to clinical leads for monitoring and audit purposes.
10.2 All products ordered on line through FORMEO will be subject to regular scrutiny and monitoring to enable monitoring of costs and to enable identification of product use trends.
10.3 Regular audits of the system should be undertaken.

## 11. Documentation

11.1 Individual requirement for patient stock should be clearly documented within the individual patient record. The entry should detail:

- A clear rationale for the products chosen.
- Name of the product / products supplied.
- Quantity of the products supplied.
- Date of next intended supply.
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11.2 The treatments used should be documented in the individual patient's record. A clear rationale should be provided for the products chosen.
11.3 Standard stock management forms are provided at Appendix Seven.

## 12. Incident reporting

12.1 Any incidents should be reported as per the Trust's Incident Reporting policy. A datix report should be completed as appropriate.
12.2 Incidents directly involving the products delivered should be communicated to NHS SC via telephone call or email (see communication details in Appendix Two).
12.3 The patient's notes should be annotated to reflect the incident and action taken.
12.4 Any defective products or contaminated products should be identified to NHS SC and returned to the supplier. A datix report should be completed as per Trust Incident Reporting Policy.

## SECTION THREE. Formulary List – Quick Reference Guide

| LINCOLNSHIRE PRIMARY CARE WOUND MANAGEMENT FORMULARY - 2019 | | |
|---|---|---|
| **CATEGORY** | **PRODUCT** | **SIZE** |
| **PRIMARY** | | |
| **ALGINATES** | Aquacel Extra | 5 x 5 cm |
| | | 10 x 10 cm |
| | | 15 x 15 cm |
| | | 4 x 10 cm |
| | | 4 x 20 cm |
| | | 4 x 30 cm |
| | Ribbon | 1 x 45cm (ribbon) |
| | Probes | sterile disposable - FGK012 |
| **ANTIMICROBIALS** | | |
| **IODINE BASED** | Inadine | 5 x 5 cm |
| | | 9.5 x 9.5 cm |
| | Iodoflex | 5g |
| **HONEY PRODUCTS** | Medihoney antibacterial wound gel | 10g |
| | Medihoney gel sheet | 5 x 5 cm |
| | | 10 x 10 cm |
| | Medihoney Tulle | 10 x10 cm |
| **OTHER ANTIMICROBIALS** | Cutimed Sorbact Swab | 4 x 6 cm |
| | | 7 x 9 cm |
| **SILVER DRESSINGS** | Atraumann Ag | 5 x 5 cm |
| | | 10 x 10 cm |
| | | 10 x 20 cm |
| | Aquacel Ag Extra Flat | 5 x 5 cm |
| | | 10 x 10 cm |
| | Aquacel Ag Extra Ribbon | 1 x 45 cm |
| **ODOUR ABSORBENT** | Clinisorb | 10 x 10 cm |
| | | 10 x 20 cm |
| | | 15 x 25 cm |
| **HYDROGELS / HYDROGEL SHEET** | Hydrosorb | 5 x 7.5 cm |
| | | 10 x 10 cm |
| | Intrasite conformable | 10 x 10 cm |
| | | 10 x 20 cm |
| **FABRIC ISLAND ADHERENT** | Softpore | 6 x 7 cm |
| **DRESSING** | | 10 x 10 cm |
| | | 10 x 15 cm |
| | | 10 x 20 cm |
| | | 10 x 25 cm |
| | | 10 x 30 cm |
| | | 10 x 35 cm |
| **FILMS** | C-View | 6 x 7 cm |
| | | 10 x 12 cm |
| | | 12 x 12 cm |
| | | 15 x 20 cm |
| **NON-ADHERENT** | Atruamann | 5 x 5 cm |
| | | 7.5 x 10 cm |
| | | 10 x 20 cm |
| | | 20 x 30 cm |
| | Adaptic Touch | 5 x 7.6 cm |
| | | 7.6 x 11 cm |
| | | 12.7 x 15cm |
| | | 20 x 30 cm |

| SECONDARY | | |
|---|---|---|
| **ABSORBENT PAD** | Xupad | 10 x 10 cm |
| | | 10 x 20 cm |
| | | 20 x 20 cm |
| | | 20 x 40 cm |
| **SUPER ABSORBENTS** | Kerramax Care | 5 x 5 cm |
| | | 10 x 10 cm |
| | | 10 x 22 cm |
| | | 20 x 30 cm |
| **FOAMS** | Allevyn Gentle Border | 7.5 x 7.5 cm |
| | | 10 x 10 cm |
| | | 10 x 20 cm |
| | | 12.5 x 12.5 cm |
| | | 15 x 15 cm |
| | | 17.5 x 17.5 cm |
| | Allevyn Gentle | 5 x 5 cm |
| | | 10 x 10 cm |
| | | 10 x 20 cm |
| | | 15 x 15 cm |
| | | 20 x 20 cm |
| | Tielle Plus | 11 x 11 cm |
| | | 15 x 15 cm |
| | | 15 x 20 cm |
| Shaped foams | Tegaderm Foam Adhesive | 10 x 11 cm (oval) |
| | | 13.9 x 13.9 cm (heel) |
| | | 6.9 x 6.9 cm mini wrap |
| | | 6.9 x 7.6 cm mini oval |
| **HYDROCOLLOIDS** | Tegaderm Hydrocolloid | 10 x 12 cm |
| | | 13 x 15 cm |
| | Comfeel Plus Transparent | 5 x 7 cm |
| | | 10 x 10 cm |
| | | 15 x 15 cm |
| | | 20 x 20 cm |

| BANDAGES | | |
|---|---|---|
| **MEDICATED BANDAGES** | ZipZoc | One Size |
| | Viscopaste (PB7) | 7.5 x 6 cm |
| | Ichthopaste | 7.5 x 6 cm |
| **RETENTION BANDAGES** | Easifix K | 5 cm x 4 m |
| | | 7.5cm x 4 m |
| | | 10cm x 4 m |
| | | 15 cm x 4m |
| **TUBULAR BANDAGES** | Clinifast / Comfifast | 7.5 cm x 1 m (blue) |
| | | 7.5 cm x 3 m (blue) |
| | | 7.5 c m x 5 m (blue) |
| | | 10.5 cm x 1 m (yellow) |
| | | 10.5 cm x 3 m (yellow) |
| | | 10.5 cm x 5 m (yellow) |
| | | 17.5 cm x 1 m (beige) |
| **COMPRESSION THERAPY** | | |
| **2 LAYER BANDAGES** | K Two (kit) | 0 (short) |
| | K Two (kit) | 18 - 25 cm (10cm) |
| | K Two (kit) | 25 - 32 cm (10 cm) |
| **MULTI-LAYER COMPRESSION** | | |
| **K- BANDAGING 4 LAYER** | K-Soft #1 | 10 cm x 3.5 m (unstretched) |
| | K-Lite #2 | 10 cm x 4.5 m (unstretched) |
| | K-Plus #3 | 10 cm x 8.7 m (stretched) |
| | Ko-Flex#4 | 10 cm x 6 m (stretched) |
| | K Three C | 10 cm x 3 m (unstretched) |
| **K- BANDAGING 4 LAYER (LONG)** | K-Soft long #1 | 10 cm x 4.5 m (unstretched) |
| | K-Lite long #2 | 10 cm x 5.25 m (stretched) |
| | K-Plus long #3 | 10 cm x 10.25 m (stretched) |
| | Ko-Flex long #4 | 10 cm x 7 m (stretched) |
| **LATEX FREE BANDAGING** | Profore #1 | 10 cm x 3.5 m (unstretched) |
| | Profore #2 | 10 cm x 4.5 m (stretched) |
| | Profore #3 | 10 cm x 8.7 m (stretched) |
| | Profore #4 | 10 cm x 2.5 m (unstretched) |
| | Profore + | 10 cm x 3 m (unstretched) |
| **SHORT STRETCH BANDAGES** | Actico (cohesive) | 4 cm x 6 m |
| | | 6 cm x 6 m |
| | | 8 cm x 6 m |
| | | 10 cm x 6 m |
| | | 12 cm x 6 m |
| **ADJUNCTIVE THERAPIES** | | |
| **LARVAE** | | Varying formulations and sizes (prices include delivery). |
| **TAPES** | | |
| **SYNTHETIC ADHESIVE TAPE** | Hypafix | 5 cm x 5 m |
| | | 10 cm x 5 m |
| **PERMEABLE ADHESIVE TAPE** | Clinipore | 2.5 cm x 5 cm |
| | | 2.5 cm x 10 cm |
| | | 5 cm x 5 m |
| **SKIN PROTECTANTS** | Cavilon | 1ml foam applicators |
| **CLEANING SOLUTIONS** | TAP WATER | |
| | Clinipods | 25 x 20mls |
| **TRACHEO DRESSINGS** | Trachi -Dress | 60 mm x 82 mm |
| | | 80 mm x 100 mm |
| | Permafoam | 8 cm x 8 cm |
| **DRESSING PACKS (NHS SUPPLY CHAIN CODES)** | | |
| **SOFTDRAPE** | Box of 20 (SMALL) | EJA045 |
| | Box of 20 (MEDIUM) | EJA046 |
| | Box of 20 (LARGE) | EJA047 |

## SECTION FOUR

## SPECIALIST FORMULARY

**The products listed below are for prescribing by or on the recommendation of the Tissue Viability Nurse Specialists**. These products are considered specialist items and are not considered to be for first and second line implementation.

If all formulary options have been exhausted then practitioners may need to seek the advice of the Tissue Viability Nurse Specialists for recommendation of an alternative.

These products are not for inclusion within the non prescription route of supply direct supply route.

| SPECIALIST ONLY FORMULARY | |
|---|---|
| **PRODUCT** | **SIZE** |
| **Kerrapro** | Sacrum / Ankle |
| | Heel |
| | Sheet - 10 x 10 x 0.3 cm |
| | Sheet - 10 x 10 x 1.2 cm |
| | Strip - 50 x 2.5 x 0.3 cm |
| **Prontosan Wash** | 24 x 40ml (pods) |
| **Octenilin irrigation solution** | 350ml (bottle) |
| **Octenilin wound gel** | 20ml |
| **Flaminal forte** | 15gram |
| | 50gram |
| **Flaminal Hydro** | 15gram |
| | 50gram |
| **Hydroclean Cavity** | 4cm round |
| | 7.5 cm round |
| **Debrisoft Filament Debridement Pad** | 10 x 10 cm |
| **Acticoat Flex 3** (only to be used in conjunction with negative pressure) | 10 x 10 cm |
| | 10 x 20 cm |
| **Coban 2 (lymphodeama service only)** | |
| Comfort layer | 20cm x 3.5m (box 9) |
| | 15cm x 3.5m (box 10) |
| | 10cm x 3.5m (box 18) |
| | 5cm x 1.2m (box 32) |
| Compression layer | 5cm x 4.5m (box 15) |
| | 10cm x 4.5m (box 32) |
| | 5cm x 2.7m (box 32) |
| **Coban 2 Lite** | |
| Comfort layer | 5cm x 2.7m (box 10) |
| | 10cm x 2.7m (box 18) |
| | 7.5cm x 2.7m (box 18) |
| Compression layer | 15cm x 3.5m (box 15) |
| | 10cm x 3.5m (box 32) |
| | 2.5cm x 3.5m (box 36) |

**SECTION FIVE**

## STARTER PACK PRODUCTS

| PRODUCT | SIZE | PACK SIZE | ORDER CODE | PRICE / PACK | PRICE / PIECE |
|---|---|---|---|---|---|
| Allevyn Gentle | 10 x 10 cm | Pack of 10 | **ELA216** | £11.41 | £1.14 |
| Softpore | 10 cm x 10 cm | Pack of 50 | **EIJ013** | £3.78 | £0.08 |
| C-View | 10 x 12 cm | Box of 10 | **ELW094** | £5.51 | 55p |
| Inadine | 5 x 5 cm | Pack of 25 | **EKB501** | £10.33 | 41p |
| K-Lite | 10cm x 4.5m | Pack of 16 | **ECA100** | £12.41 | 78p |
| K-Soft | 10cm x 3.5m | Pack of 24 | **EPA028** | £13.67 | 57p |
| Atraumann | 7.5 cm x 10 cm | Pack of 50 | **EKA032** | £10.60 | 21p |
| Clinipore Tape | 2.5 cm x 10 m | Box of 12 | **EHU020** | £3.22 | 27p |
| Xupad (sterile) | 10 x 20 cm | Pack of 25 | **EJA093** | £2.21 | 09p |
| Softdrape | Small | Box of 20 | **EJA045** | £8.44 | 42p |
| Softdrape | Medium | Box of 20 | **EJA046** | £8.44 | 42p |
| Softdrape | Large | Box of 20 | **EJA047** | £8.44 | 42p |

**Online Catalogue January 2019**

**Staff are reminded that Starter Pack products have a specific role.**

**Starter pack products should only be used for the following scenarios. It is not intended that the starter pack products present a generic stock.**

**The dressing stock should only be used for:**

- **A new patient with a wound**
- **An existing patient with a new wound**
- **At wound reassessment (e.g. treatment change following negative pressure wound therapy)**
- **When the prescription is not available – e.g. bank holidays**
- **When a patient is discharged from hospital with inappropriate or no dressings.**

## SECTION SIX - REFERENCES.


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**APPENDIX ONE**

## GUIDE TO PRODUCT SELECTION

| *WOUND CHARACTERISTICS* | *PRESENTATION* | *PRIMARY LAYER* | *SECONDARY LAYER* *(if required)* |
|---|---|---|---|
| **NECROTIC** | DRY / DISCHARGING | HYDROCOLLOID<br>HYDROGEL / HYDROGEL SHEET<br>HONEY<br>MAGGOTS | HYDROCOLLOID WAFER<br>FILM |
| **INFECTION/COLONISED** | VISIBLE SIGNS OF INFECTION – MALODOROUS, HEAVY EXUDATE, INFLAMMATION | HONEY<br>ANTIMICROBIALS<br>MAGGOTS | SECONDARY PAD<br>FOAM |
| **SLOUGHY** | EXUDATE MODERATE/HEAVY | ALGINATE<br>HYDROCOLLOID / HYDROFIBRES<br>IODINE PRODUCTS<br>MAGGOTS | SECONDARY PAD<br>FOAM |
| | EXUDATE LIGHT | IODINE PRODUCTS<br>HYDROGEL<br>HONEY<br>HYDROCOLLOID<br>MAGGOTS | HYDROCOLLIOD WAFER<br>SECONDARY PAD<br>FOAM |
| **GRANULATION** | SUPERFICIAL | ALGINATE<br>LOW/NON ADHERENT DRESSING<br>HYDROCOLLOID / HYDROFIBRE<br>FOAM | FOAM |
| | DEEP | ALGINATE<br>HYDROCOLLID<br>HYDROGEL | SECONDARY PAD<br>FOAM |
| **EPITHELIALISING** | SUPERFICIAL / ALMOST HEALED | LOW / NON ADHERENT DRESSING<br>FOAM<br>FILM<br>HYDROCOLLOID | FOAM |

## APPENDIX TWO

**Emollients: information about risk of severe and fatal burns with paraffin-containing and paraffin-free emollients – Reference MHRA Drug Safety Update December 2019.**

Warnings about the risk of severe and fatal burns are being extended to all paraffin-based emollients regardless of paraffin concentration. Data suggest there is also a risk for paraffin-free emollients. Advise patients who use these products not to smoke or go near naked flames, and warn about the easy ignition of clothing, bedding, dressings, and other fabric that have dried residue of an emollient product on them.

The following advice is being issued to all health care professionals:

- emollients are an important and effective treatment for chronic dry skin conditions and people should continue to use these products. However, you must ensure patients and their carers understand the fire risk associated with the build-up of residue on clothing and bedding and can take action to minimise the risk
- when prescribing, recommending, dispensing, selling, or applying emollient products to patients, instruct them not to smoke or go near naked flames because clothing or fabric such as bedding or bandages that have been in contact with an emollient or emollient-treated skin can rapidly ignite
- there is a fire risk with all paraffin-containing emollients, regardless of paraffin concentration, and it also cannot be excluded with paraffin-free emollients. A similar risk may apply for other products which are applied to the skin over large body areas, or in large volumes for repeated use for more than a few days
- be aware that washing clothing or fabric at a high temperature may reduce emollient build-up but not totally remove it
- warnings, including an alert symbol, are being added to packaging to provide a visual reminder to patients and those caring for them about the fire hazard
- report any fire incidents with emollients or other skin care products to the Yellow Card Scheme

**Reference:**
https://www.gov.uk/drug-safety-update/emollients-new-information-about-risk-of-severe-and-fatal-burns-with-paraffin-containing-and-paraffin-free-emollients

## APPENDIX THREE

### PRODUCT EQUIVALENTS

There are occasions when patients will be discharged / transferred utilising treatment that is not on the local formulary. It is best practice to make a clinical assessment and decide upon the best product for use at that given time.

Below are some examples of local formulary alternatives that could be used instead of non-formulary products. This list is not exhaustive. Link Champions and tissue viability specialists will provide additional advice and support as required.

| NON FORMULARY PRODUCT | LOCAL FORMULARY EQUIVALENT |
|---|---|
| 3M Foam Adhesive | Tegaderm foam adhesive/Allevyn Gentle /Tielle plus/ |
| Adaptic Finger | adaptic touch 5 x 7.6cms |
| Aderma Dermal Pads | Kerrapro |
| Allevyn Cavity | Aquacel extra |
| Allevyn Heel | Alleyvn Gentle, Tegaderm foam adhesive, Tielle plus |
| Aquaform | Hydrosorb / Intrasite conformable |
| Comfeel Plus Transparent | Comfeel plus transparant/ tegaderm hydrocolloid |
| Iodosorb | Iodoflex |
| Mepilex | Allevyn Gentle |
| Mepilex Heel | Allevyn Gentle |
| Mepitel | Alleyvyn Gentle |
| Opsite | C-View |
| Polymem | Any formulary foam |
| Sorbsan | Aquacel extra |
| Sorbsan plus | Aquacel extra |

| DRESSINGS | PRODUCT | SIZE | NO of ITEMS |
|---|---|---|---|
| **PRIMARY** | | | |
| **ALGINATES / HYDROFIBRES** | Aquacel Extra | 5 x 5 cm | |
| | | 10 x 10 cm | |
| | | 4 x 10 cm | |
| | | 4 x 20 cm | |
| | Aquacel (ribbon) | 1 x 45 cm | |
| **ANTIMICROBIALS** | | | |
| **IODINE BASED** | Inadine (contains iodine) | 5 x 5 cm | |
| | | 9.5 x 9.5 cm | |
| | Iodoflex | 5g | |
| **HONEY PRODUCTS** | Medihoney Gel Sheet | 5 x 5 cm | |
| | | 10 x 10 cm | |
| | Medihoney Tulle | 10 x 10 cm | |
| | Medihoney gel | 10g | |
| OTHER ANTIMICROBIALS | Cutimed Sorbact Gel | 7.5 x 7.5 cm | |
| | | 7.5 x 15 cm | |
| **SILVER DRESSINGS** | Atraumann Ag | 5 x 5 cm | |
| | | 10 x 10 cm | |
| | | 10 x 20 cm | |
| | Aquacel Ag extra flat | 5 x 5 cm | |
| | | 10 x 10 cm | |
| | Aquacel Ag extra ribbon | 1 x 45 cm | |
| **ODOUR ABSORBANT DRESSINGS** | Clinisorb | 10 x10 cm | |
| | | 10 x 20 cm | |
| **HYDROGELS** | Hydrosorb | 5 x 7.5 cm | |
| | | 10 x 10 cm | |
| | Intrasite Conformable | 10 x 10 cm | |
| | | 10 x 20 cm | |
| **FABRIC ISLAND ADHERENT DRESSINGS** | Softpore | 6 x 7 cm | |
| | | 10 x15 cm | |
| | | 10 x 35 cm | |
| **FILMS** | C - View | 6 x 7 cm | |
| | | 10 x 12 cm | |
| **NON ADHERENT DRESSINGS** | Atraumann | 5 x 5 cm | |
| | | 7.5 x 10 cm | |
| | | 10 x 20 cm | |
| | | 20 x 30 cm | |
| | Adaptic Touch | 5 x 7.6 cm | |
| | | 7.6 x 11 cm | |
| | | 12.7 x 15 cm | |

| | |
|---|---|
| **PATIENT NAME:** | **NHS NO:** |
| **ADDRESS:** | **DOB:**<br><br>**SURGERY:** |
| **WOUND TYPE:** | **RATIONALE:** |
| **REQUESTED BY:**<br>**DATE:** | **NEXT VISIT DUE:** |

| **SECONDARY** | | | |
|---|---|---|---|
| **ABSORBENT DRESSING PAD** | Xupad (Sterile) | 10 x 10 cm | |
| | | 10 x 20 cm | |
| | | 20 x 20 cm | |
| | | 20 x 40 cm | |
| **SUPER ABSORBENTS** | Kerramax Care | 5 x 5 cm | |
| | | 10 x 10 cm | |
| | | 10 x 22 cm | |
| | | 20 x 30 cm | |
| **FOAM DRESSINGS** | Allevyn Gentle Border | 7.5 x 7.5 cm | |
| | | 10 x 10 cm | |
| | | 10 x 20 cm | |
| | | 12.5 x 12. 5 cm | |
| | Allevyn Gentle | 5 x 5 cm | |
| | | 10 x 10 cm | |
| | | 10 x 20 cm | |
| | | 20 x 20 cm | |
| | Tielle Plus | 11 x 11 cm | |
| | | 15 x 20 cm | |
| **SHAPED FOAMS** | Tegaderm Foam Adhesive | 10 x 11cm (oval) | |
| | | 13.9 x 13.9cm (heel) | |
| | | 6.9 x 6.9 cm mini wrap | |
| | | 6.9 x 7.6 mini oval | |
| **HYDROCOLLOIDS** | Tegaderm Hydrocolloid | 10 x 12 cm | |
| | | 13 x 15 cm | |
| | Comfeel Plus Transparent | 5 x 7 cm | |
| | | 10 x 10 cm | |
| | | 15 x 15 cm | |

| DRESSINGS | PRODUCT | SIZE | NO OF ITEMS |
|---|---|---|---|
| **BANDAGES** | | | |
| **MEDICATED BANDAGES** | Zipzoc | One Size | |
| | Viscopaste | 7.5 cm x 6 cm | |
| | Ichthopaste | 7.5 cm x 6 cm | |
| **RETENTION BANDAGES** | Easifix K | 5 cm x 4 m | |
| | | 7.5 cm x 4 m | |
| | | 10 cm x 4 m | |
| | | 15 cm x 4 m | |
| **TUBULAR BANDAGES** | Comfifast | 7.5 cm x 1m | |
| | | 7.5 cm x 3m | |
| | | 10.75 cm x 1m | |
| | Clinifast | 7.5 cm x 5m | |
| | | 10.75 cm x 3m | |
| | | 10.75 cm x 5m | |
| | | 10.75 cm x 3m (yellow) | |
| **2 LAYER BANDAGES** | K Two (kit) | 0 – short | |
| | K Two (kit) | 18 – 25 cm (10 cm) | |
| | K Two (kit) | 25 – 32 cm (10 cm) | |
| **MULTI-LAYER COMPRESSION** | | | |
| **K BANDAGING 4 LAYER** | K-Soft #1 | 10cm x 3.5m (unstretched) | |
| | K-Lite #2 | 10 cm x 4.5m (unstretched) | |
| | K-Plus #3 | 10 cm x 8.7 m (stretched) | |
| | Ko-Flex #4 | 10 cm x 6 m (stretched) | |
| | K-ThreeC | 10cm x 3m (unstretched) | |
| **K BANDAGING 4 LAYER - LONG** | K-Soft Long #1 | 10 cm x 4.5m (unstretched) | |
| | K-Lite Long#2 | 10 cm x 5.25m (stretched) | |
| | K-Plus Long #3 | 10 cm x 10.25m (stretched) | |
| | Ko-Flex Long 4# | 10 cm x 7m (stretched) | |
| **SHORT STRETCH BANDAGES** | Actico (cohesive) | 4 cm x 6 m | |
| | | 6 cm x 6 m | |
| | | 8 cm x 6 m | |
| | | 10 cm x 6 m | |
| | | 12 cm x 6 m | |

# **PLEASE ORDER IN UNITS NOT BOXES**

| DRESSINGS | PRODUCT | SIZE | NO. OF ITEMS |
|---|---|---|---|
| **SKIN PROTECTANT** | Cavilon (with applicator | 1ml | |
| **CLEANING SOLUTIONS** | Blue dot irrigation fluid 0.9% | 25 x 20 mls | |
| **TAPE** | Clinipore | 2.5 cm x 10m | |
| **PLASTIC PROBES** | RDC Code FGK012 | Box of 100 | |
| **DRESSING AIDS SWABS (sterile)** | Gauze swabs | 7.5 x 7.5cm x 5 | |

| **FOR ALLOCATION USE ONLY** | |
|---|---|
| **ALLOCATION COMPLETE**<br>**YES / NO** | IF NO STATE REASON:<br>1.Lack of stock<br>2.Product off Formulary<br>3. Other(please state) |
| **PRESCRIPTION REQUIRED**<br>**YES / NO** | |
| **ISSUED BY:** | **DATE:** |

## APPENDIX FIVE

NHS Supply Chain

**Returns/Discrepancies**

NHS Supply Chain is more than happy to accept product returns providing they are in line with our returns policy below. Our customer service team will then help you make the necessary arrangements.

We are more than happy to accept product returns from you, providing they are:

- **Reported in time** - You will need to report any discrepancies to customer services at the earliest opportunity within three days of the delivery, unless agreed otherwise.
- **Returned within time** - Upon agreement of a return, NHS Supply Chain will provide you with the latest acceptable collection and return date. To ensure that we are able to action your return, we must receive your goods by this date.
- **Fit for re-sale** - Unless the items were found to be damaged on arrival at your delivery point, returned goods must be in a condition fit for re-sale.
- **Licensed Medicinal Products (LMP)** – NHS Supply Chain cannot accept returns for re-sale of products classed as Licensed Medicinal Products due to the restrictions placed on us by the MHRA and EU regulations for the Wholesale Distribution of Medicines for Human Use.
- **Non-Returnable Products** – We have a number of products which are non-returnable. These include some consumable items, including paper and some high value products. Your customer service advisor will advise you if a product is not returnable and will help you to redistribute within your trust.
- **Over £10 in value** - To ensure a cost effective service in relation to the collection, processing and restocking of returned items, and to ensure that unnecessary costs are not incurred by the greater NHS, a minimum order value of £10 per product line for return requests is in place. Orders below this value cannot be returned and will not be credited in the event of a customer order error.

**Providing all of the above criteria have been satisfied, our customer service team will then:**

- Raise a return on the system (an “uplift”) and provide you with an uplift number, along with a date and time when the items will be collected. We will e-mail you a copy of the ‘returns’ paperwork for you to enclose with the items to be returned to us. Please ensure that the items for return are made available to the delivery driver at this time, and that you retain one copy of the signed paperwork as proof of collection.
- Provide you with a call log number for your reference.
- Once the items have been received by us, a credit will be raised for the value of the goods. N.B. All e-Direct products need to be returned directly to the supplier, and not NHS Supply Chain. Your customer service team will be happy to assist you when dealing with e-Direct product returns.

**Please be aware that from time to time e-Direct suppliers may levy a charge for the return of an item. Any additional costs that may be incurred will be discussed / advised prior to collection being made.**

**Product recalls**

From time to time, it may be necessary for us to recall products as directed by either the supplier or the Medical Devices Agency (MDA).

On such occasions, information regarding the recall will be emailed to your nominated supplies department to cascade and manage within your organisation.

Our customer service team will co-ordinate all activities relating to the return, replacement or crediting of any products that may be recalled.

Whilst suppliers may occasionally choose to manage the recall directly with customers, our customer service team will always be available to assist and support you with any product recalls.

Information on recalls can be located under Important Customer Notices.

## APPENDIX SIX

**COMMUNICATION LIST**


| | Contact | Contact details | Can help with… |
|---|---|---|---|
| NHS SUPPLY CHAIN | **Imran Rouf** | Tel: 07850 098 237<br>Imran.rouf@supplychain.nhs.uk | • Order/Delivery queries |
| | **Eleanor Cubbin** | Tel: 01623 587173<br>Eleanor.cubbin@supplychain.nhs.uk | • Customer Services |
| SMITH & NEPHEW | **Catherine Darke**<br>S&N Territory Manager - Community | Mobile: 07802 860393<br>catherine.darke@smith-nephew.com | • FORMEO Training<br>• Changes to formularies<br>• Smith & Nephew Product Enquiries<br>• Arranging Clinical Education<br>• Amendments to Formeo<br>• Product Listing Queries<br>• General Enquiries |
| | **Karen Richardson**<br>S&N Healthcare Regional Manager | Mobile: 07713 784 243<br>karen.richardson@smith-nephew.com | |
| INTRADERVE | **Intradev – FORMEO Support** | Tel: 01482 669929 – Please ask for FORMEO Support | • Technical issues with FORMEO system |

WEBSITE: **www.formeo.co.uk**

# APPENDIX SEVEN

## STOCK MANAGEMENT FORM

| BRAND | SIZE | PACK SIZE | MINIMUM STOCK LEVEL | MAXIMUM STOCK LEVEL | NUMBER TO ORDER |
|---|---|---|---|---|---|
| Allevyn Gentle | 10 cm x 10 cm | 10 | | | |
| Allevyn Gentle | 10 x 20 cm | 10 | | | |
| Allevyn Gentle Bordered | 7.5 x 7.5 cm | 10 | | | |
| Allevyn Gentle Bordered | 10 x 10 cm | 10 | | | |
| Aquacel Extra | 5 x 5 cm | 10 | | | |
| Aquacel Extra | 10 x 10 cm | 10 | | | |
| Aquacel Extra | 15 x 15 cm | 10 | | | |
| Aquacel Ribbon | 1 x 45 cm | 5 | | | |
| Aquacel Ag Extra Flat | 5 x 5 cm | 10 | | | |
| Aquacel Ag Extra Flat | 10 x 10 cm | 10 | | | |
| Aquacel Ag Extra Ribbon | 1 x 45 cm | 5 | | | |
| Atraumann Ag | 10 x 10 cm | 10 | | | |
| Atraumann Ag | 10 x 20 cm | 10 | | | |
| Atraumann Ag | 5 x 5 cm | 10 | | | |
| Atraumann | 10 x 20 cm | 30 | | | |
| Atraumann | 20 x 30 cm | 10 | | | |
| Atraumann | 5 x 5 cm | 50 | | | |
| Atraumann | 7.5 x 10 cm | 50 | | | |
| Blue Dot irrigation fluid 0.9% | 20mls | 25 | | | |
| Cavilon | 1ml | 5 | | | |
| Clinifast Yellow | 10.75 cm x 3 m | 6 | | | |
| Clinifast Beige | 17.5 cm x 1 m | 12 | | | |
| Comfifast Blue | 7.5 cm x 1 m | 1 | | | |
| Comfifast Blue | 7.5 cm x 3 m | 1 | | | |
| Comfifast Blue | 7.5 cm x 5 cm | 1 | | | |
| Comfifast Yellow | 10.5 cm x 1 m | 1 | | | |
| Comfifast Yellow | 10.75 cm x 5 m | 1 | | | |
| Clinipore | 2.5 x 10m | 1 | | | |
| Clinisorb | 10 x 10 cm | 10 | | | |
| Clinisorb | 10 x 20 cm | 10 | | | |
| Comfeel Plus Transparent | 10 x 10 cm | 10 | | | |
| Comfeel Plus Transparent | 15 x 15 cm | 10 | | | |
| Comfeel Plus Transparent | 5 x 7 cm | 10 | | | |
| Cutimed Sorbact Gel | 7.5 x 7.5 cm | 10 | | | |
| Cutimed Sorbact Gel | 7.5 x 15 cm | 10 | | | |
| C - View | 6 x 7 cm | 10 | | | |
| C – View | 10 x 12 cm | 10 | | | |
| C - View | 15 x 20 cm | 10 | | | |
| Easifix K | 5 cm x 4 cm | 20 | | | |
| Easifix K | 7.5 cm x4 cm | 20 | | | |
| Easifix K | 10 cm x 4 m | 20 | | | |
| Easifix K | 15 cm x 4 m | 20 | | | |
| Hydrofilm | 6 cm x 7 cm | 10 | | | |
| Hydrofilm | 10 cm x 12.5 cm | 10 | | | |
| Hydrofilm | 12 cm x 25 cm | 25 | | | |
| Hydrosorb | 5 cm x 7.5 cm | 5 | | | |
| Hydrosorb | 10 cm x 10 cm | 5 | | | |

| BRAND | SIZE | PACK SIZE | MINIMUM STOCK LEVEL | MAXIMUM STOCK LEVEL | NUMBER TO ORDER |
|---|---|---|---|---|---|
| Inadine | 5 cm x 5 cm | 25 | | | |
| Inadine | 9.5 cm x 9.5 cm | 25 | | | |
| Intrasite Conformable | 10 cm x 10 cm | 10 | | | |
| Intrasite Conformable | 10 cm x 20 cm | 10 | | | |
| Iodoflex | 5g | 5 | | | |
| Ichthapaste | 7.5 cm x 6 m | 12 | | | |
| K-Lite | 10 cm x 4.5 m | 16 | | | |
| Kerramax Care | 5 x 5 cm | 10 | | | |
| Kerramax Care | 10 x 10 cm | 10 | | | |
| Kerramax Care | 10 x 22 cm | 10 | | | |
| Kerramax Care | 20 x 30 cm | 5 | | | |
| K-Lite Long | 10 cm x 5.25m | 16 | | | |
| Ko-Flex | 10 cm x 6m | 18 | | | |
| Ko-Flex Long | 10 cm x 7 m | 18 | | | |
| K-Plus | 10 cm x 8.7 m | 24 | | | |
| K-Plus Long | 10 cm x 10.25m | 24 | | | |
| K-Soft | 10 cm x 3.5 m | 24 | | | |
| K-Soft Long | 10 cm x 4.5 m | 24 | | | |
| K-Two Short | 0 (short) | 1 | | | |
| K-Two 18 – 25 | 18 – 25 cm | 1 | | | |
| K-Two 25 – 32 | 25 – 32 cm | 1 | | | |
| Medihoney gel | 10g | 20 | | | |
| Medihoney Tulle | 10 x 10 cm | 10 | | | |
| Medihoney gel sheet | 5 x 5 cm | 10 | | | |
| Premier Swabs | 7.5 x 7.5 cm | 25 | | | |
| Softpore | 6 x 7 cm | 60 | | | |
| Softpore | 10 x15 cm | 50 | | | |
| Softpore | 10 x 35 cm | 30 | | | |
| Tegaderm foam | 10 x 11 cm (oval) | 10 | | | |
| Tegaderm foam | 13.9 xc 13.9 cm | 10 | | | |
| Tegaderm Hydrocolloid | 10 x 11 cm | 5 | | | |
| Tegaderm Hydrocolloid | 13 x 15 cm | 10 | | | |
| Tielle Plus | 11 cm x 11 cm | 10 | | | |
| Tielle Plus | 15 cm x 20 cm | 5 | | | |
| Viscopaste | 7.5 cm x 6 m | 12 | | | |
| Zetuvit E | 10 cm x 10 cm | 25 | | | |
| Zetuvit E | 10 cm x 20 cm | 25 | | | |
| Zetuvit E | 20 cm x 20 cm | 15 | | | |
| Zetuvit E | 20 cm x 40 cm | 10 | | | |
| Zip Zoc | One Size | 10 | | | |
| | | | | | |
| | | | | | |
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Lincolnshire Community Health Services NHS Trust

## NHSLA Monitoring Template

| Minimum requirement to be monitored | Process for monitoring e.g. audit | Responsible individuals/ group/ committee | Frequency of monitoring/audit | Responsible individuals/ group/ committee (multidisciplinary) for review of results | Responsible individuals/ group/ committee for development of action plan | Responsible individuals/ group/ committee for monitoring of action plan |
|---|---|---|---|---|---|---|
| NHSLA standard 3 Criterion 2. Local induction to policies and procedures | On Induction | Local managers / service leads | Following induction | Service Leads | Service Leads Matron | Service specific quality and risk groups / DTC |
| Monitor compliance with policy | NHS SC reports / prescribing data | Service Leads / Matrons | Annually | Service Leads | Service Leads Matrons | Service specific quality and risk groups / DTC |

## APPENDIX NINE

**Equality Analysis**

| | |
|---|---|
| **Name of Policy/Procedure/Function* -** Formulary of Wound management products | |
| **Equality Analysis Carried out by:** | **Lorna Adlington** |
| **Date:** | **20th January 2019** |
| **Equality & Human rights Lead:** | **Rachel Higgins** |
| **Director\General Manager:** | |

**Section 1 – to be completed for all policies**

| | | | | |
|---|---|---|---|---|
| A. | Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be. | This guidance applies to all clinicians involved in all aspects of wound management. It is intended as a general guide to clinically and cost effective wound management products. | | |
| B. | Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? **Please give details** | This policy applies to all healthcare staff, including bank and agency involved in the provision of wound management treatment.<br>• Medical and Nursing staff<br>• Emergency Care Practitioners<br>• Pharmacy associated staff<br>• Allied Health Care Professionals | | |
| C. | Is there is any evidence that the policy\service relates to an area with known inequalities? **Please give details** | No. | | |
| D. | Will/Does the implementation of the policy\service result in different impacts for protected characteristics? | | | |
| | | Yes | No | |
| | Disability | | X | |
| | Sexual Orientation | | X | |
| | Sex | | X | |
| | Gender Reassignment | | X | |
| | Race | | X | |
| | Marriage/Civil Partnership | | X | |
| | Maternity/Pregnancy | | X | |
| | Age | | X | |
| | Religion or Belief | | X | |
| | Carers | | X | |
| | **If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2** | | | |

| | |
|---|---|
| The above named policy has been considered and does not require a full equality analysis | |
| **Equality Analysis Carried out by:** | Lorna Adlington |
| **Date:** | 20th January 2019 |