



# FOUNTAINS

MEDICAL PRACTICE

Fountains Health  
Delamere Street  
Chester  
CH1 4DS  
Tel: 01244 325721  
email:  
[cmicb-Cheshire.fichs@nhs.net](mailto:cmicb-Cheshire.fichs@nhs.net)

N81102

## **Care Homes Dressings Request Form** **As per Cheshire CCG Wound Care Guidance 2021**

<b>Patient Name</b>	<b>Date of Birth</b>	<b>Care Home</b>

<b>Wound Information:</b>	
---------------------------	--

<b>Product</b>	<b>Size</b>	<b>No. of Dressing Changes per Week</b>	<b>Total Required (max 2 weeks)</b>
<b>Atrauman</b>			
<b>Covawound</b> silicone foam bordered			
<b>Inadine</b> povidone-iodine	5 x 5cm 9.5 x 9.5cm		
<b>Kiniderm Foam</b>			
<b>Xupad</b> sterile dressing pad			
<b>Nurse-it</b> dressing pack	S/M M/L		
<b>Clinifast</b> Red / Green / Blue / Yellow / Biege line			
<b>K-Soft</b>	3.5m 4.5m		
<b>Knit-band</b> Retention bandage			
<b>Mepore</b> (Softpore)			
<b>Sodium Chloride 0.9%</b> <b>Irripod</b>	25 x 20ml		



# FOUNTAINS

MEDICAL PRACTICE

Fountains Health  
Delamere Street  
Chester  
CH1 4DS  
Tel: 01244 325721  
email:  
[cmicb-Cheshire.fichs@nhs.net](mailto:cmicb-Cheshire.fichs@nhs.net)

N81102

## **Care Homes Dressings Request Form** **ITEMS NOT ON STANDARD REQUEST FORM**

Patient Name	Date of Birth	Care Home

<b>Wound Information:</b> Reason for request			
<b>Age of wound</b>			
<b>Seen by Tissue Viability Nurse</b>	NO	YES	DATE:

Product	Size	No. of Dressing Changes per Week	Total Required (max 2 weeks)

ORDERED BY:..... DATE:.....

Please email requests to [cmicb-Cheshire.fichs@nhs.net](mailto:cmicb-Cheshire.fichs@nhs.net) from @nhs.net email address