|  |  |
| --- | --- |
| **OFFICE USE ONLY: TVN** | Date: |
| Message 1: |  |
| Message 2: |  |
| Message 3: |  |

|  |
| --- |
| **Adaptic touch Authorisation sheet** |

|  |  |  |
| --- | --- | --- |
| Nurse Name | Team | Contact Details |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Patient Name** | **NHS Number** | **D.O.B** |
|  |  |  |

Which product(s) are the team requesting?

|  |  |  |
| --- | --- | --- |
|  | Adaptic Touch | Size |
| No of Boxes |  |  |

|  |
| --- |
| Has this patient been referred to Tissue Viability? Now or previous? |
| Is there a photo on Carenotes? YES NO |

|  |
| --- |
| Medical condition /reason for use of non-adherence |
| Is non-concordance a factor?  Is this a palliative patient and/or wound? |

|  |
| --- |
| What size is the wound cm sq. Length and width? |
| Cm sq-  Length-  Width- |
| What is your current dressing regime? |
|  |
| Has there been any adherence to wound? |
| What non adherent were you using? |

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| --- |
| How often are you visiting the patient to redress the wounds? |
|  |
| What is the peri wound skin like? |
| How are you managing this? |

|  |
| --- |
| What is your current stock levels?(if they have a chronic patient) |
|  |
| Do you have additional patients not mentioned using large Adaptic touch ? |
|  |

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| --- |
| **OFFICE USE ONLY: Authorised?** |
| Yes No |
| Size and quantities:   |  |  | | --- | --- | |  |  | |  |  |   Rationale  General Comments: |