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| **Sorbion Sachet Extra Request Form** |

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| **Patient Name** | **NHS Number** |
|  |  |
| **DN Base/Address for Delivery** | |
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| Have you used Kliniderm Superabsorbent? If so, why is this not appropriate? |
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| --- | --- |
| Has this patient been referred to Tissue Viability? | |
| YES NO | Date of last TVN input: |

|  |  |
| --- | --- |
| ***Sorbion requests will be rejected for patients who have had ≥2 authorised orders and no recent tissue viability input to determine that an appropriate management plan is in place.*** | |
| What is your current dressing regime? | |
| Primary dressing |  |
| Secondary dressing |  |
| Bandage |  |

How frequently are you changing the dressing?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Daily | Alternate days | 3 x week | 2 x week | 1 x week |
|  |  |  |  |  |

How many of each of the following sizes do you need for each dressing change?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 7.5 x 7.5 | 10 x 10 | 10 x 20 | 20 x 20 | 20 x 30 | XL | Drainage (10x10 – split) |
| No of dressings |  |  |  |  |  |  |  |

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| **OFFICE USE ONLY:**  **TVN to review patient’s EMIS record.**  **If Sorbion not being used as part of a conservative management plan and there have been ≥2 previous requests for Sorbion, reject the request and ask the referrer to send a TV wound referral.**  **Sorbion Request Authorised?** Yes No |
| Size and Quantities Authorised:   |  |  | | --- | --- | | Sorbion 7.5cm x 7.5cm |  | | Sorbion 10cm x 10cm |  | | Sorbion 10cm x 20cm |  | | Sorbion 20cm x 20cm |  | | Sorbion 20cm x 30cm |  | | Sorbion XL |  | | Sorbion Drainage |  | |