

Wirral Wound Care Non-Formulary Exception Reporting Form

Must completed when a non-formulary product is requested from a GP. This will help monitor the appropriateness of the present formulary and influence future decision-making.

Patient Name:	
GP Practice:	

Assessment of Current Wound (Tick all that apply)

Type of Wound	Wound bed description	Wound depth	Exudate levels	Aim of treatment
Skin Tear/ Laceration	Epithelialising	Superficial	Dry	Protection
Surgical	Granulating	Shallow	Minimal	Warm moist environment
Pressure Ulcer	Sloughy	Cavity	Moderate	Rehydration
Venous Ulcer	Critically Colonised	Deep Cavity	Heavy	Desloughing
Arterial Ulcer	Infected	Sinus		Absorption
Diabetic Ulcer	Necrotic			Odour control
Other	Fungating			Anti-microbial effect

Products Previously Used on the Wound

Formulary Products Used	Duration	Reasons discontinued /not suitable
1.		
2.		
3.		

Information relating to non-formulary products used

Name of product(s) chosen:	Duration of use:
Reasons for use:	

Name of person submitting this form:	
Base/Hospital:	
Contact Number (mobile):	Date:
Signature and Designation:	

A copy of the completed form should be sent to Tissue Viability