

**Our Lady's Children's Hospital
Community Care Request
Tracheostomy Accessories**

Patient Details	Diagnosis
	Weight
Parent / Guardian: Contact Number:	
Medical Card No :	

Discharging Ward :	Tel :
Discharge Coordinator :Rachel Wallace	Tel : 8745

Please Tick as appropriate

Equipment	Supplier /REF	Amount	Required
Tracheal Dilator	Arthur Smith G40001 ,5 inch	1 Once off	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lister Bandage Scissors	Arthur Smith A995.14	2 Once off	Yes <input type="checkbox"/> No <input type="checkbox"/>

Arthur Smith Tel – 01 668 9527

Heat & Moisture Exchangers

HME	Supplier /REF	Amount Per Box	Amount Per Month	Required
Humdivent	Med Tel:01 8391511 Ref :10011	30	1	Yes <input type="checkbox"/> No <input type="checkbox"/>
Thermavent T Required when Over 10 kg	Fannins Ref 100/570/015	50	1	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hydro Baby	Covidien Ref:355/5427TC	30	1 as required	Yes <input type="checkbox"/> No <input type="checkbox"/>

Oxygen Connection

O2 Connection	Supplier /Ref	Amount Per Box	Amount Per Month	Required
---------------	---------------	----------------	------------------	----------

Thermavent O2 Connection	Fannins Ref 100/575/010	10	1 box as required	Yes <input type="checkbox"/> No <input type="checkbox"/>
--------------------------	----------------------------	----	-------------------	---

Passy Muir Valve (Speaking Valve)

Supplier : O' Neill Healthcare

1 PMV per Patient / Replace as necessary

Ref	Colour	Required
TRPMV002	Aqua	Yes <input type="checkbox"/> No <input type="checkbox"/>
TRPMV1003	Purple	Yes <input type="checkbox"/> No <input type="checkbox"/>
TRPM1002	Clear	Yes <input type="checkbox"/> No <input type="checkbox"/>

Prescribing Hospital :	
Prescribers Signature :	IMC:
Prescribers Name :	

OLCHC are unable to provide any costing for equipment or related consumables.