

Our Lady's Children's Hospital Community Care Request

Tracheostomy Ties / Dressings

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

Discharging Ward :	Tel :
Clinical Nurse Specialist :	Tel :

Please Tick as appropriate

Ties

<u>REF</u>	<u>Supplier</u>	<u>Amount per box</u>	<u>Boxes per Month</u>	<u>Required</u>
<u>Marpac</u> <u>Tracheostomy Tube</u> <u>Holder 107 Pediatric</u> <u>with Twill Ties</u>	<u>Platon Medical</u> <u>Tel +44 1 132</u> <u>3422930</u>	<u>10</u>	<u>3</u>	<u>Yes</u> <input type="checkbox"/> <u>No</u> <input type="checkbox"/>
<u>10mm 100% cotton</u> <u>tape</u>	<u>Clonliffe Clothing</u> <u>01 8600142</u>	<u>1 small roll</u>	<u>Replace as</u> <u>required</u>	<u>Yes</u> <input type="checkbox"/> <u>No</u> <input type="checkbox"/>

Dressings

<u>Ref</u>	<u>Supplier</u>	<u>Amount per box</u>	<u>boxes per month</u>	<u>Required</u>
<u>Trachi Dress</u> <u>TR DRE 0001</u> <u>Small</u>	<u>O Neill</u> <u>Healthcare</u>	<u>20</u>	<u>2</u>	<u>Yes</u> <input type="checkbox"/> <u>No</u> <input type="checkbox"/>
<u>Trachi Dress</u> <u>TR DRE 0002</u>	<u>O Neill Health</u> <u>care</u>	<u>20</u>	<u>2</u>	<u>Yes</u> <input type="checkbox"/> <u>No</u> <input type="checkbox"/>
<u>Trachi Dress</u> <u>TR DRF 1002</u> <u>Hydrophillic</u>	<u>O Neill Health</u> <u>care</u> <u>Tel: 01 832 6509</u>	<u>10</u>	<u>3</u>	<u>Yes</u> <input type="checkbox"/> <u>No</u> <input type="checkbox"/>

<u>Tracheostomy</u> <u>Tueb Holder</u> <u>320-05</u>	<u>Healthcare 21</u> <u>Tel 01 882 9682</u>	<u>10</u>	<u>3</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Stoma /Neck Care

<u>Ref</u>	<u>Supplier</u>	<u>Amount per box</u>	<u>Boxes per month</u>	<u>Required</u>
<u>Gauze 2x2</u> <u>Selection of</u> <u>sterile & non</u> <u>sterile</u>	<u>GS Medical</u>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>KY Jelly</u>			<u>1 sachet per</u> <u>Week</u> <input type="checkbox"/> <u>Month</u> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Normal Saline</u> <u>Mini Plascos</u> <u>10 mls</u>	<u>Cahill May</u> <u>Roberts</u>	<u>20</u>	<u>2</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Traci Wipes</u> <u>LA NN2 3001</u>	<u>ONeill</u> <u>Healthcare</u>	<u>30</u>	<u>1</u>	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.