

# Request for preauthorisation for the use of Negative Pressure Wound Therapy

NOTE- This preauthorisation is for use when the member is not being referred to the Health in the Home service

## Hospital Details

Requesting Clinician	
Requesting Hospital	
Phone number	
Email	

## Patient Details

Name				
Date of Birth				
Irish Life Health Membership Number				
Proposed date to commence treatment				

## To be Completed by the Requesting Consultant

Please confirm the following:

	YES	NO
Pressure Ulcer Stage III		
Pressure Ulcer Stage IV		
Venous or Arterial Insufficiency Ulcer		
Diabetic foot ulcer		
Complications of a surgically created wound (e.g. dehiscence)		
Trauma wound or post-operative wound with a medical necessity for accelerated wound healing		

## Wound Information:

Wound location			
Measurements (LxWxD)			
Is there tracking or undermining?	Yes	No	

## Negative Pressure Wound Therapy information :

Type of treatment	VAC	SNAP	Prevena	
Type of foam	Black	White	Silver	
Size of foam	Small	Medium	Large	
Potential Duration of Treatment	1 Month	3 Months	6 Months	6 Months+

Who will be completing the dressing?	Public Health Nurse	Practice Nurse	Returning to OPD	Community Tissue Viability Nurse (TVN)
	Community Intervention Team (CIT)	Other- please state:		

## Declaration

I hereby confirm that the Negative Pressure Wound Therapy Preauthorisation is being sought as an integral part of treatment and that the member has agreed to this treatment.

I confirm that the member also consents to this information being shared with third parties deemed necessary by Irish Life Health to carry out this treatment

I/we confirm that all the details, answers and information given in this form are true, accurate and complete. I/we confirm that I/we am/are giving my/our permission to you to use the information I/we have given on this form for the purposes set out in the Irish Life Health Privacy Notice which can be found at <http://www.irishlifehealth.ie/privacy-and-legal/privacy-statement/>

Signature (requesting Consultant)				
Date:				