

## Appendix 1

### Bristol Stoma Prescribing WORK SUBMISSION

The results of this audit have been fed back to the appropriate members of GP practice staff.

<b>Work completed by:</b> <i>(practice pharmacist)</i>	
<b>GP Practice Name:</b>	
<b>Date:</b>	

Please complete the tables below indicating the number of patients:

	Number
Total number of stoma patients registered at your practice	
Number of patients you referred to the stoma nurse for advice via a faxed 'Practice Pharmacist Issue Sheet'	

	Number of patients			
	Currently prescribed one of these products	Currently over-prescribed these products	Had repeat prescription quantity adjusted	Been switched to the 1 <sup>st</sup> /2 <sup>nd</sup> line choice
<b>Worksheet</b>				
1: Colostomy pouches				
2: Ileostomy pouches				
3: Urostomy bags				
4: Two-piece system bags/pouches				
5: Two-piece system flanges, wafers, baseplates				
6: Flange extenders/strips				
7: Adhesive removers				
8: Deodorant sprays & drops				
9: Lubricating deodorants				
10: Barrier sprays and wipes				
11: Barrier creams				
12: Protective pastes and powders				

Template from Bristol

## Appendix 5 – Patient review sheet

Pouches		
1 piece	Open ended	Flange extender: Yes/No
2 piece	Closed ended	
Product Code:		
Number of appliances ordered on a monthly basis:		
Overuse:	Underuse:	Use appropriate:
Requires referral to the SSN: Yes/No		
Adhesive removers:		
Sprays		
Current product: .....	Appropriate Usage: Yes/No	Switched to: .....
Wipes		
Current product: .....	Appropriate Usage: Yes/No	Switched to: .....
If inappropriate usage/ordering quantities consider contacting the patient to discuss supplies at home. Order quantity could then be amended on the repeat prescription.		
Deodorant sprays/drops:		
Current product: .....	Initiated by the SSN: Yes/No	Switched to: .....
If not initiated by the SSN the product should be discontinued using the letter template in Appendix 4.		
Lubricating deodorant		
Current product .....	Initiated by the SSN: Yes/No	Switched to: .....
If not initiated by the SSN, patient should be referred to the SSN for review.		
Skin protectors		
Patient prescribed a skin barrier product: Yes/No	Current product: .....	Switched to: .....
Has the barrier product been used for > 3 months? Yes/No		
Is there a clinical reason available in the patients notes to support long term use of this product: Yes/No		
If No, patient should be referred to the SSN for review		
Pressure plate inserts (Combehesive Natura Convex) prescribed: Yes/No		
If Yes, patient should be referred to the SSN for review.		

Bristol CCG Stoma Prescribing Appendix 2

Practice Incentive Scheme Stoma Project: Practice Pharmacist Issue Sheet

GP Practice name:			
GP Practice fax no:			
Practice Pharmacist name:			
Practice Pharmacist tel no:			
Patient Name:			
Address:			
DOB:		NHS no:	

*Tick if applicable*

<b>Patient is routinely using more than the usual monthly quantity of pouches, bags, wafers, baseplates, flanges or flange extenders</b>	<input type="checkbox"/>
Product name and code number:	
Quantity prescribed per month:	

<b>Patient is prescribed a lubricating deodorant which wasn't initiated by a stoma nurse</b>	<input type="checkbox"/>
Product name:	

<b>Patient has been using a skin protective for &gt;3 months with no justification in the notes</b>	<input type="checkbox"/>
Product name:	

<b>Patient is currently prescribed a pressure plate insert</b>	<input type="checkbox"/>
Product name and code number:	

<b>Patient has reported leakage with their current bags/pouches</b>	<input type="checkbox"/>
---	--------------------------

<b>Patient is currently experiencing dietary problems</b>	<input type="checkbox"/>
Details:	

<b>Patient has developed a hernia</b>	<input type="checkbox"/>
Details:	

**Stoma nurse feedback to GP Practice:**

Advice/suggestions:

I will contact patient and review them in clinic      Y       N

