

HOSPITAL DISCHARGE CONTINENCE PRESCRIPTION FORM



Victorian
WorkCover
Authority

This form is used by hospital-based continence nurses to request continence equipment for Victorian WorkCover Authority (VWA) workers. The information in this form is for use by the VWA and will not otherwise be exchanged with any other party, except in accordance with law. Please see section 9 of this form for privacy information.

- Please refer to the notes for assistance in completing this form
- All questions must be answered for this request to be considered by the VWA
- Please complete this form electronically, if able
- If you are unable to complete the form electronically, please use block letters when hand-writing
- Where there is insufficient space, please attach to the back of the form.

IMPORTANT

The VWA will send a copy of this form to one of its equipment contractors to provide approved equipment. The VWA expects that this form will be completed by a continence nurse. Please fax this form to the Agent Case Officer.

1. Order Details

Start Date

End Date (*maximum four months*)

New order

* Minor variation and extension to an existing hospital discharge order?

* If this is a minor variation, specify start and end date of the *existing* order you wish to amend above, and then nominate an extended end date below (*maximum 12 months after initial discharge*)

2. Worker Details

Agent

Worker Name

Claim Number

Date of Birth

Date of Injury

Worker Delivery Address

Postcode

Contact Person

Contact Telephone Number

3. Assessment Details

Summary of relevant medical history and current bowel, bladder and skin management routine

Functional status

Mobility

- ambulant
 wheelchair/scooter
 Bed

Transfers

- Independent
 Partly independent
 Dependent

Current level of support required with personal ADL's, e.g. showering, dressing, etc.

- Independent
 Independent with aides and/or supervision
 Dependent

4. Recommendations for future continence regime

Bowel, bladder and skin management goals, including assistance required, equipment needs, implementation, trial time-frames and medication used

Requests for aperients/stimulants must be discussed with the worker's treating medical practitioner as they may interfere with current medication

Has the worker's treating medical practitioner approved the use and dosage of aperients/stimulants? Yes No

Medical Practitioner Name

Telephone Number

8. Assessor Details

Provider name, address and phone number

Signature

--

Discipline

--

Date

	/		/	
--	---	--	---	--

9. Personal and Health Information**Victorian WorkCover Authority**

Personal and health information collected by the VWA on this form is used for the purpose of processing, assessing and managing claims under Victorian workers' compensation legislation. It may also be used for other related purposes including legal proceedings arising under legislation, to assist with a worker's rehabilitation and return to work and to assist the VWA and its Agents to better manage claims generally.

For the purposes of processing, assessing and managing a claim, the VWA and the Agent of the injured worker's employer may disclose personal and health information about the worker to each other and to the following types of organisations:

- employees, contractors and agents of the VWA and VWA Agents;
- employers of the injured worker;
- solicitors, medical practitioners and other health service providers, private investigators, loss adjusters and other service providers acting on behalf of the VWA or the Agent in relation to the claim;
- the Accident Compensation Conciliation Service and Medical Panels;
- a court or tribunal in the course of criminal proceedings or any proceedings under any of the legislation which the VWA administers;
- any other person, organisation or government agency authorised by you, or by law, to obtain the information.

An individual may request access to personal and health information about them collected by the VWA or an Agent by contacting the Agent.

The VWA Privacy Policy is available at the nearest VWA office or at vwa.vic.gov.au.

CONTINENCE GUIDELINES



Victorian
WorkCover
Authority

Important Notes

- You do not need to send this page back to the Agent
- All limits listed below are maximum quantities per worker. Continence products must be part of a continence routine that is both clinically justified and a direct result of the worker's work-related injury
- Additional quantities or products may be considered where clinical justification is clearly demonstrated on the *Community Continence Prescription* form
- Please refer to the *Equipment List* and manufacturer guidelines prior to submitting a *Community Continence Prescription* Form
- Independence Australia is the contracted supplier for continence equipment for the VWA.

Product Description	Limit	Duration
CATHETERS		
Indwelling (long term)	Limit 2	1 Month
Intermittent (short term)	Limit 200	1 Month
External sheaths	Limit 60	1 Month
DRAINAGE BAGS / CATHETER ACCESSORIES		
Leg bags	Limit 14	3 Months
Overnight bags	Limit 14	3 Months
Catheter packs	Limit 6	3 Months
Extended wear leg bags	Limit 1	3 Months
Extended wear connectors	Limit 1	3 Months
Little red valve	Limit 3	3 Months
Extended wear bottles - 2 or 4 litres.	Limit 1	3 Months
Catheter straps	Limit 4	3 Months
Leg bag straps/washable securing devices	Limit 4	3 Months
Short term catheter valves	Limit 14	3 Months
Urine bag hanger	Limit 1	1 Year
PADS / WASHABLE UNDERWEAR		
Continence pads (reusable/washable)	Limit 5	1 Month
Continence pads (disposable - includes disposable pull-ups)	Limit 200	1 Month
Continence briefs (long lasting/washable underwear)	Limit 2	1 Month
Mesh/stretch continence briefs Can be washed between 4-30 times before needing to be replaced. Prescribed to keep continence pads in place.	Limit 8	1 Month
CHAIR AND BED PADS / LINEN		
Chair pads (washable)	Limit 3	1 Year
Bed pads (washable)	Limit 3	1 Year
Disposable liners/underpads, i.e. blueys	Limit 200	1 Month
Waterproof pillow slips	Limit 1	1 Year
Mattress protectors	Limit 1	1 Year
- Bed sheets - Woollen underlay - Bath towels	The VWA cannot pay for these	
Doona protector	Clinical justification must be clearly demonstrated on the <i>Community Continence Prescription</i> form	

CONTINENCE GUIDELINES



Victorian
WorkCover
Authority

CONSUMABLES

Consumables are strictly for use in the management of a worker's continence routine. Products listed below must be required as a direct result of the worker's work-related injury.

Gloves Related to continence routine only.	12 boxes	3 Months
Lubricant - Sachets (for intermittent self-catheterisation) - Tubes (for bowel regime)	Number dependent on frequency of continence routine.	
Occlusive devices, e.g. anal plugs	100	3 Months
Hand/skin wipes - Wet (100 wipes per box) For use post-bowel regime and not as a substitute for toilet paper. - Dry (100 wipes per box) Related to continence routine only.	4 boxes	3 Months
- Travel packs Related to continence routine only.	Dependent on worker's degree of community access	
Extended wear detergent	Limit 4	3 Months
Detergent (5L)	Limit 1	3 Months
Urine test strips (100)	Limit 1	1 Year
Urinals (male/female)	Limit 2	1 Year
Hand sanitiser Related to continence routine only.	Number dependent on worker's individual continence routine.	

HOSPITAL DISCHARGE CONTINENCE PRESCRIPTION FORM NOTES



Victorian
WorkCover
Authority

This form is used by hospital-based continence nurses to request continence equipment for VWA workers. The *Hospital Discharge Continence Prescription Form* provides a summary of the continence assessment and recommendations for continence equipment needs for an injured worker transitioning from hospital to the community. If a worker has been re-admitted after the initial work-related injury or illness, completion of this form is only required if there are changes to their current continence equipment requirements.

- All questions must be answered for the *Continence Prescription (Community) Form* to be considered by the VWA Agent.
- Please complete the *Continence Prescription (Community) Form* electronically, if able
- If you are unable to complete the form electronically, please use block letters when hand-writing
- Where there is insufficient space, please attach to the back of the form.

1. Order Dates

Nominate a start and end date for a maximum of four months. A worker's continence equipment must be reviewed within four months after discharge to the community to determine ongoing continence equipment requirements.

Specify if your request is a new order or a minor variation and extension to an existing hospital discharge order.

After the review at four months after discharge, recurring assessments of a worker's continence needs must occur at a minimum of every two years. A review can occur at any time by arrangement with the VWA Agent. All assessments conducted more than 12 months after discharge from the initial hospital admission must have prior approval in writing by the VWA Agent.

2. Client/Worker Details

Provide information about the worker. All fields must be completed.

3. Assessment Details

Provide a summary of the worker's relevant medical history and current bowel, bladder and skin management routine.

Check-boxes

Explain the worker's functional status, transfers and current level of support required with personal ADL's, such as showering and dressing.

4. Recommendations for future continence regime

Detail the worker's bowel, bladder and skin management goals, including assistance required, equipment needs, implementation, trial time-frames and medication used.

Aperients/Stimulants - Recommendations for aperients/stimulants require you to contact the worker's treating medical practitioner to discuss the items and dosage recommended to ensure there is no adverse reaction with the medication regime and there is no ill-effect on the client's/worker's health status.

Clinical rationale should be included for all of your recommendations and requests. The VWA can only pay the reasonable cost of products according to clinically assessed need. Clinical need should be related only to the work-related injury or illness. You should use your clinical expertise and consider efficacy, intended use and community standards when recommending a continence regime.

5. Continence Equipment Request

Ensure that all items:

- are selected from the *Equipment List*, and
- comply with the *Continence Guidelines* in this form.

Based on your clinical assessment of the worker's needs, list your recommendations for continence equipment as follows:

- Supplier stock code (if known)
- product description
- quantity required
- desired frequency.

Ensure that all continence items and related consumables are included in the table.

The Agent Case Officer will note their decision in the right-hand column.

You can access the *Equipment List* on the VWA website at vwa.vic.gov.au.

The *Continence Guidelines* are on the last pages of the *Hospital Discharge Continence Prescription Form*.

HOSPITAL DISCHARGE CONTINENCE PRESCRIPTION FORM NOTES



Victorian
WorkCover
Authority

6. Items outside the *Continence Guidelines* and *Equipment List*

If you are requesting items outside the *Continence Guidelines* and *Equipment List*, include clinical justification to support your request, i.e. reasons the *Equipment List/Continence Guidelines* did not meet the worker's needs.

Your clinical rationale should include:

- alternatives considered
- clinical rationale for recommended quantity
- whether use is likely to be permanent or temporary
- use for the continence equipment, e.g. home routine, etc.

7. Acknowledgement

Explain if your order and assessment has been discussed with the worker.

Provide a reason if you have not discussed your order and assessment with the worker.

Explain if the worker and/or family/carers require education in the continence routine.

If required, provide details of proposed education.

8. Assessor Details

- Include assessor's name if using practice stamp
- The assessor's signature is a mandatory requirement for the VWA to accept the *Hospital Discharge Continence Prescription Form*.