



# COMMUNITY CONTINENCE PRESCRIPTION FORM

This form is used by community-based continence nurses to request continence equipment for TAC clients. Please see section 8 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 TAC
- 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 additional information to the back of the form.

## Important notes

The TAC will send a copy of this form to one of the TAC Equipment Contractors to provide approved equipment. The TAC expects that this form will be completed by a continence nurse. Please fax this form to the client's TAC Officer.

## 1. Order details

Specify start and end dates.

Start date

End date

Next review date (maximum  
two-year period)\*

\*Earlier reviews may be arranged with the TAC Officer.

Is this a minor variation to an existing order?

No ☐

Yes ☐ A minor variation is defined as a small change to the client/ worker's existing equipment order. For minor variations, only detail equipment variations (i.e delete/add products, amend quantities). Details of full continence routine are not required.

Specify the type of variation to the existing order:

- ☐ Adding new products
- ☐ Removing products
- ☐ Increasing quantities
- ☐ Decreasing quantities

## 2. Client details

Client name

Claim number

Date of birth

Date of injury

Client delivery address

  

Contact person

Contact telephone number

### 3. Current continence routine

Outline the current continence routine. Include bladder, skin management and bowel goals (\*\*including aperients/stimulants)

\*\*Use of aperients/stimulants must be discussed with the client's treating medical practitioner as they might interfere with current medication

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

Medical practitioner name

Telephone number

### 4. Continence equipment request

Please ensure that all items:

- are selected from the *Equipment List*, available at [www.tac.vic.gov.au](http://www.tac.vic.gov.au), and
- comply with the *Continence Guidelines* attached to this form.

Stock code	Product description	Quantity/Units	Frequency <i>e.g. 3 months, 6 months, other, etc.</i>	TAC approval <i>TAC Officer to complete</i>
<i>e.g. 12345</i>	<i>e.g. Nelaton catheters</i>	<i>e.g. 30</i>	<i>e.g. Monthly</i>	

[illegible]

### 5. Items not on the *Continence Guidelines* and *Equipment List*

If you are requesting items which are not on the *Continence Guidelines* or the *Equipment List* please complete the following table

Product name	Clinical rationale <i>Include alternatives considered, clinical rationale for recommended quantity, whether use is likely to be permanent or temporary and use for equipment, e.g. community access, home routine, etc.</i>

## 6. Acknowledgement

Has this order and assessment been discussed with the client? ☐ Yes ☐ No

If 'No', provide reason

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Does the client or client's family and/or carers require education in the continence routine? ☐ Yes ☐ No

If 'Yes', provide details of proposed education

## 7. Assessor details

Provider name, address and phone number. *Use practice stamp where possible*

Signature

Discipline

Date

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## 8. Privacy

The TAC will retain the information provided and may use or disclose it to make further inquiries or assist in the ongoing management of the claim or any claim for common law damages. The TAC may also be required by law to disclose this information. Without this information the TAC may be unable to determine entitlements or assess whether treatment is reasonable and may not be able to approve further benefits and treatment. If you require further information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at [www.tac.vic.gov.au](http://www.tac.vic.gov.au)

### Important notes

- You do not need to send this page back to the TAC
- All limits listed below are maximum quantities per client. Continence products must be part of a continence routine that is both clinically justified and a direct result of the client's transport accident 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 TAC.

Product Description	Limit	Duration
<b>CATHETERS</b>		
Indwelling (long term)	Limit 2	1 month
Intermittent (short term)	Limit 200	1 month
External sheaths	Limit 60	1 month
<b>DRAINAGE BAGS / CATHETER ACCESSORIES</b>		
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
<b>PADS / WASHABLE UNDERWEAR</b>		
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
<b>CHAIR AND BED PADS / LINEN</b>		
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 TAC cannot pay for these	
Doona protector	Clinical justification must be clearly demonstrated on the <i>Community Continence Prescription form</i>	
CONSUMABLES		
Consumables are strictly for use in the management of a client's continence routine. Products listed below must be required as a direct result of the client's transport accident 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.  - Travel packs Related to continence routine only.	4 boxes     3 boxes   Dependent on the client's degree of community access	3 months     3 months
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 client's individual continence routine.	