

The *Community Continence Prescription form* is used by community-based continence nurses to request continence equipment for TAC clients. The *Community Continence Prescription form* provides a summary of the continence assessment and recommendations for the continence equipment needs of a TAC client. Completion of the form is required when a major review of the client's continence equipment requirements is conducted (usually every two years) and/or when there has been a change to the client's current continence regime.

- All questions must be answered for the *Community Continence Prescription form* to be considered by the TAC
- Please complete the *Community Continence Prescription 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.
- The completed form will be reviewed by the Claims Officer, after that we will write to you and the client advising of the outcome.
- Send the completed form by fax directly to the client's TAC Officer :

### 1. Order dates

Nominate a start and end date for the continence equipment request for a maximum of two years. Nominate a shorter duration if the client's needs are unstable and frequent re-assessment is planned.

Nominate the next review date (maximum 2-year period).

If the request is for a minor variation please indicate the type of variation by ticking the appropriate box.

### 2. Client details

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

### 3. Current continence routine

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

**Aperients/Stimulants** - Recommendations for aperients/stimulants require you to contact the client'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 health status.

### 4. Continence equipment request

Ensure that all items:

- are selected from the *Equipment List* (You can access the *Equipment List* on the TAC's website at [www.tac.vic.gov.au](http://www.tac.vic.gov.au) >for health and service providers>documents and forms)
- comply with the Continence Guidelines attached to the Community Continence Prescription form ,(The Continence Guidelines are on the last pages of the Community Continence Prescription Form), and
- have a clinical rationale supporting your assessment, recommendations and the equipment requested.

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

Based on your clinical assessment of the client'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 TAC Officer will note their decision in the right-hand column.

Minor variations: Only outline the changes to the continence products/routine. Full bowel, bladder and skin management details are not required.

### 5. 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 client'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.

### 6. Acknowledgement

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

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

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

If required, provide details of proposed education.

### 7. Assessor details

- Include assessor's name if using practice stamp

The assessor's signature is a mandatory requirement for the TAC to accept the Community Continence Prescription.