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| **Child or Young Person’s Medical Equipment Request Form (Populated)** | | | | | | | | | | | | | |
| **PART ONE: TO BE COMPLETED BY REFERRER.** | | | | | | | | | | | | | |
| **Child or Young Person’s Details** | | | | | | | | | | | | | |
| Name: | |  | | | Address | | | | |  | | | |
| Date of birth: | |  | | | NHS Number: | | | | |  | | | |
| **Referrers Details** | | | | | | | | | | | | | |
| Referrer Name: |  | | | | | | Position: | | | |  | | |
| Care Provider: |  | | | Email: | | |  | | | |  | Tel: |  |
| **Equipment Details (Please tick or delete as appropriate)** | | | | | | | | | | | | | |
| Brand Name | * Nellcor,   Handheld device SpO2 | | | | | Model No PM10NKIT | | | Additional Cost =  Supplier quotation attached   * YES | | | | | |
| Brand Name | * Nellcor, Bedside/tabletop device - SpO2 | | | | | Model No PM100NKIT | | | Additional Cost =  Supplier quotation attached  YES | | | | | |
| Brand Name | * Laerdal Suction Machine | | | | | Model No 78003003 | | | Additional Cost =  Supplier quotation attached   * YES | | | | | |
| Brand Name | * Clario toni paediatric and neonatal | | | | | Model No 014.0029 | | | Additional Cost =  Supplier quotation attached   * YES | | | | | |
| Brand Name | * Clario home care | | | | | Model No 014.0240 | | | Additional Cost =  Supplier quotation attached   * YES | | | | | |
| Brand Name | * Devilbliss | | | | | Model No 7305P-US | | | Additional Cost =  Supplier quotation attached   * YES | | | | | |
| Brand Name | * Nebuliser JuniorBoy SX | | | | | Model No 085G3304 | | | Additional Cost =  Supplier quotation attached   * YES | | | | | |
| Brand Name | * Nebuliser TurboBoy SX | | | | | Model No 085G3204 | | | Additional Cost =  Supplier quotation attached   * YES | | | | | |
| Brand Name | * Nebuliser BOY mobile S Portable | | | | | Model No 047G1004 | | | Additional Cost =  Supplier quotation attached   * YES | | | | | |
| Brand Name | * Nebuliser InnoSpire Deluxe | | | | | Model No 1112279 | | | Additional Cost =  Supplier quotation attached   * YES | | | | | |
| Brand Name | * Aerogen | | | | |  | | | Additional Cost =  Supplier quotation attached   * YES | | | | | |
| Brand Name | * Nippy junior+ ventilator | | | | | Model No 0925 | | | Additional Cost =  Supplier quotation attached   * YES | | | | | |
| Brand Name | * Trilogy100 | | | | | Model No 1054096 | | | Additional Cost =  Supplier quotation attached   * YES | | | | | |
| Brand Name | * Astral 150 | | | | | Model No 27063 | | | Additional Cost =  Supplier quotation attached   * YES | | | | | |
| Brand Name | * Stellar 150 | | | | | Model No 24145 | | | Additional Cost =  Supplier quotation attached   * YES | | | | | |
| Any other item not listed |  | | | | | Model No | | Additional Cost =  Supplier quotation attached   * YES | | | | | |
| On-going Maintenance and Servicing Details |  | | | | | | | | | | | | |
| **Reason For Equipment**  *Please include any supporting evidence if available e.g. care plans, assessments etc.* | | | | | | | | | | | | | |
| What is the child’s unmet need? | | |  | | | | | | | | | | |
| What benefit will this equipment have to the child’s need? | | |  | | | | | | | | | | |
| What would be the likely outcome if this equipment was not provided? | | |  | | | | | | | | | | |
| Referrers Signature: | | |  | | | | Date: | | | |  | | |

The equipment form must be fully completed sent to the Children’s Complex Care Team at:

BNSSG CCG

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| **E-Mail**: bnssg.cc.childrens@nhs.net **Tel**: 0117 984 1656 |

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| **PART TWO: TO BE COMPLETED BY CCG.** | | | | |
| Date Received: |  | | QA No: |  |
| Decision |  | | | |
| Rationale |  | | | |
| Nurse Assessor Signature: |  | | Date: |  |
|  |  | |  |  |
| **PART THREE: FUNDING AUTHORISATION – TO BE COMPLETED BY CCG.** | | | | |
| Total Amount Funding Agreed: | | £ | | |
| Breakdown of Costs: | |  | | |
| Speciality - Is the CCG fully or Joint funding the package (Delete as appropriate)? | | Fully  Joint | | |
| Who are we paying? | |  | | |
| Funding description for QA? | | Medical Equipment | | |
| Invoice to: | |  | | |
| Start Date: | |  | | |