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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 attachedYES  |
| 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)? | FullyJoint |
| Who are we paying? |  |
| Funding description for QA? | Medical Equipment |
| Invoice to: |  |
| Start Date: |  |