Enhanced Level Equipment Provision

All prescribers of equipment with the following job roles can order from this list:

* Qualified Nurse
* Qualified Occupational Therapist
* Qualified Physiotherapist
* Qualified Mental Health Officer.

**Please note if standard and enhanced equipment are both required, just complete the enhanced form**

Equipment items which can be ordered;

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| Name of Item | Additional Information which needs to be supplied |
| Adjustable height bath step | Height required, 1” increments |
| Slatted Bath Board 26”, 27”, 28” | Width required |
| Slatted Bath Board, EXTRA WIDE, 26”, 27”, 28” | Width required |
| Swivel Bather Seat |  |
| Bath lift | Measurement of length, width and lowest internal width of bath. Are bath handle clips required, what else has been trialled, reason for provision. |
| Chair raisers (Multi Purpose/langham linked/Suregrips) | Which chair is it being fitted to.  Height of raise.  Type of chair.  Number of legs.  Type of legs.  (please refer to appendix 1 for leg types) |
| Bed raisers (K200/ K300/ Multi Purpose/Suregrips) | Which bed is it being fitted to.  Height of raise.  Type of bed.  Number of legs.  Type of legs.  (please refer to appendix 1 for leg types) |
| Bed Lever – single loop - for divan/slatted bed base | Divan or slatted bed base  Which bed is it being fitted to  Has a risk assessment been completed.  Fitting details - side of the bed from the perspective lying in the bed and measurement from head of bed to centre of the rail |
| Bed Lever – Twin Handled – Slatted bed base | Which bed is it being fitted to  Has a risk assessment been completed.  Fitting details - side of the bed from the perspective lying in the bed and measurement from head of bed to centre of the rail |
| Bedstick – Twin handled – divan bed base | Which bed is it being fitted to  Has a risk assessment been completed.  Fitting details - side of the bed from the perspective lying in the bed and measurement from head of bed to centre of the rail |
| Parnell rail | Which bed is it being fitted to  Has a risk assessment been completed.  Fitting details - side of the bed from the perspective lying in the bed and measurement from head of bed to centre of the rail |
| Overbed table – with or without wheels | With or without wheels |
| Buckingham Caddy | N/A |
| Kitchen trolley standard | Has a risk assessment been completed |
| Perching stool with back and arms – standard and extra wide | Seat height required – floor to front of the seat |
| Adjustable height shower chair | Seat height required |
| Shower stool | Seat height required |
| Commode – standard height adjustable/extra wide height adjustable/removable arms | Seat height required  \*\* specify if extra wide or removable arms are required |
| Glide about commode | Are footplates required  Has a risk assessment been completed |
| Replacement commode pots (standard/glide about) | Which commode is in situ |
| Free standing toilet frame | Height to be set at – from floor to top of arm rest |
| Mowbray toilet frame/seat | Height to be set at – from floor to front of the seat |
| Raised toilet seat 2”, 4”, 6” | Height required |
| Cushion Foam High Risk | N/A |
| Grab rail – white metal – 18”,24”, 36” | Tenure of property (privately owned/private rent/council/housing association)  Consent obtained to fit rails  Full information required for fitting – position and orientation of rail, wall type.  Drawing/diagram required. |
| Grab rail – plastic ribbed – 18”, 24”, 36” | Tenure of property (privately owned/private rent/council/housing association)  Consent obtained to fit rails  Full information required for fitting – position and orientation of rail, wall type.  Drawing/diagram required. |
| Grab rail – offset – 18” | Tenure of property (privately owned/private rent/council/housing association)  Consent obtained to fit rails  Full information required for fitting – position and orientation of rail, wall type.  Drawing/diagram required. |
| Wall fixed drop-down rail – with or without support leg | Tenure of property (privately owned/private rent/council/housing association)  Consent obtained to fit rails  Full information required for fitting – position and orientation of rail, wall type.  Drawing/diagram required. |
| Newell rail – left or right-handed | Tenure of property (privately owned/private rent/council/housing association)  Consent obtained to fit rails  Full information required for fitting – position and orientation of rail, wall type.  Drawing/diagram required. |
| Mop stick stair rails | Tenure of property (privately owned/private rent/council/housing association)  Consent obtained to fit rails  Full information required for fitting – position and orientation of rail, wall type.  Drawing/diagram required. |
| Leg lifter (manual blue looped one) | N/A |

Enhanced Items – please refer to prescriber guidance documents for further details on specific items

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| Name of Item | Accessories available | Additional Information which needs to be supplied |
| Bed Back Rest (manual) | N/A | N/A |
| Mattress Elevator Single/Double | N/A | Single bed or double bed. Bed base type. |
| Mattress Foam SINGLE Overlay | N/A | N/A |
| Mattress Foam DOUBLE Overlay | N/A | N/A |
| EHOB Single Mattress Overlay | N/A | Clinical need for overlay/skin integrity concerns. |
| EHOB Mattress Overlay Double | N/A | Clinical need for overlay/skin integrity concerns. |
| Foam Mattress | N/A | Must place order on Bed, mattress and accessories order form |
| Hybrid Foam Mattress | N/A | Must place order on Bed, mattress and accessories order form |
| Air Mattress and pump | N/A | Must place order on Bed, mattress and accessories order form |
| EHOB R/R Cushion Long | N/A | Clinical need for static air cushion/skin integrity concerns. |
| EHOB R/Recline Cushion Short | N/A | Clinical need for static air cushion/skin integrity concerns. |
| EHOB Bariatric Cushion | N/A | Clinical need for static air cushion/skin integrity concerns. |
| EHOB Pre-inflated Cushion | N/A | Clinical need for static air cushion/skin integrity concerns. |
| EHOB Positioning Wedge | N/A | Clinical need for static air wedge/skin integrity concerns. |
| Standard Profiling bed –  Mattress platform height range approx. 40 - 80cm | Bedrails  Bedrail bumpers  Elland rail  Bed extension  Overbed pole | Must place order on Bed, mattress and accessories order form. Must state clinical need for profiling bed. |
| Low height Profiling bed –  Mattress platform height range approx. 20-60cm, or | Bedrails  Bedrail bumpers  Elland rail  Bed extension  Overbed pole | Must place order on Bed, mattress and accessories order form. Must state clinical need for profiling bed. Must check that mattress platform working height is suitable if care is being provided on the bed. |
| Ultra-Low height Profiling bed –  Mattress platform height range approx. 7.5-80cm | Bedrails  Bedrail bumpers  Elland rail  Bed extension  Overbed pole | Must place order on Bed, mattress and accessories order form. Must state clinical need for profiling bed and need for ultra-low bed. |
| Profiling bed extension – Add on to current bed package.  Specific to profiling bed in situ, extends bed length by approx.. 20cm | Mattress infill  Extended length bedrails  Extended length bed rail bumpers | Must place order on Bed, mattress and accessories order form |
| Profiling bed accessories – add on to current bed package.  Bedrails  Bedrail bumpers  Elland rail  Overbed pole | N/A | Must place order on Bed, mattress and accessories order form |
| Crash Mat thin – 5.5cm | For use with Ultra-low bed if required | Must place order on Bed, mattress and accessories order form |
| Crash Mat thick – 22cm | For use with ultra-low bed and low bed if required | Must place order on Bed, mattress and accessories order form |
| Ultra Transfer Board Straight | N/A | N/A |
| Transfer Board Curved | N/A | N/A |
| Maxi Transfer Belt | N/A | N/A |
| Rotastand Compact | N/A | What other equipment has been trialled/clinical justification |
| Molift Raiser Pro | Raiser Belt - Small/Med or L/XL | What other equipment has been trialled/clinical justification |
| QuickMove | N/A | What other equipment has been trialled/clinical justification |
| Birdie Evo Hoist 150KG | N/A | What other equipment has been trialled/clinical justification |
| Birdie Evo Hoist 180kg | N/A | What other equipment has been trialled/clinical justification |
| Comfort Value Deluxe Sling  Small/medium/large/extra large | Please see care and independence website for full details | What hoist it is being used on |
| Comfort Recline Sling (in chair)  Small/medium/large/extra large | Please see care and independence website for full details | What hoist it is being used on |
| Comfort value split leg Sling (in chair)  Small/medium/large/extra large | Please see care and independence website for full details | What hoist it is being used on |
| Comfort Value Toileting Sling  Small/medium/large/extra large | Please see care and independence website for full details | What hoist it is being used on |
| Comfort Value Universal Sling  Small/medium/large/extra large | Please see care and independence website for full details | What hoist it is being used on |
| Comfort hybrid Sling  Size 6/7/8/9 | Please see care and independence website for full details | What hoist it is being used on |
| Glide & Lock Sheet 1 way-CHAIR | N/A | N/A |
| Glide & Lock Sheet 1way-BED | N/A | N/A |
| Slide Sheet – Standard | Order in pairs | N/A |
| Handling Sling | N/A | N/A |
| Shower chair mobile (Hythe) | N/A | N/A |
| Shower/Commode Chair (Aston) | Attendant propel or self-propel | N/A |
| Ramp - Channel 2 metre | N/A | N/A |
| Ramp - Channel 3 metre | N/A | N/A |
| Ramp - Suitcase 2m Folding | N/A | N/A |
| Ramp Threshold 3 Inches | N/A | N/A |

Appendix 1 – chair and bed legs

