



Tieman Tip Catheters Authorisation Form

Product information

The tieman tip catheter is a urinary drainage catheter with an angled tip made from non-cytotoxic, medical grade vinyl. The catheter has a round tip with two lateral holes.

Restrictions on use

If the patient meets the criteria below, they must be assessed by an **authorised health professional** in order that other underlying problems can be ruled out e.g poor catheterisation technique, or to see if the Tieman tip catheter can solve the patient's catheterisation problems.

An **authorised health professional** can be either: stomal therapy nurse, nurse practitioner, registered nurse, or a registered medical professional.

Criteria

Patient must have a urinary stoma/urinary pouch requiring catheterisation, and

Patient must have attempted to use the nelaton catheters and be unable to use them in a timely or satisfactory manner due to:

- inability to insert the nelaton catheter into the stoma/pouch, or painful insertion of nelaton catheter.

Privacy notice

Your personal information is protected by law including the Privacy Act 1988 and the Australian Privacy Principles and is being collected by your Stoma Association for the primary purpose of issuing the tieman tip catheter requested by the patient's authorised health professional.

You can get more information about the way in which your stoma association will manage your personal information, including its privacy policy at australianstoma.com.au/privacy-policy

Patient Consent

I, the patient declare that:

- I consent to the collection of my personal information, including sensitive information, by my Stoma Association and the Australian Council of Stoma Associations Inc (ACSA) for the purposes indicated in this form.

Full name of patient

Signature of patient

Date

Authorisation to order product

Authorised health professional

I authorise:

- the patient to order the tieman tip catheters from their Stoma Association.

I, the authorised health professional, declare that:

- the patient has received education from, or has agreed to return for a review within six months of initial consultation
- the relevant surgeon has been consulted and agrees the Tieman tip catheters are appropriate for this patient

Full name of authorised health professional

Signature of authorised health professional

Signature of patient

Date

Note: The tieman tip catheter must be ordered within two months of this authorisation date

Stoma Association's details

To be completed and signed by Stoma Association

Full name of patient

Patient Stoma Association membership number

Name of nominated Stoma Association

Signature of Stoma Association's authorised person

Date