



AUSTRALIAN ASSOCIATION OF STOMAL THERPAY NURSES INC.

ABN 16 072 891 322

Tieman Tip Catheters Authorisation Form

Product Information:

The Tieman Tip catheter is a urinary drainage catheter with an angle tip made from non-cytotoxic medical grade vinyl. The catheter has a round tip with two lateral holes.

Restrictions on use:

If a patient fits the criteria below they must be assessed by a Stomal Therapy Nurse (STN), Nurse Practitioner, Registered Nurse, or a Registered Medical Professional, in order that other underlying problems can be ruled out. Eg. Poor catheterisation technique and to see if the Tieman Tip catheter can solve the patients catheterisation problems.

Criteria:

- Patient must have a urinary stoma/ urinary pouch requiring catheterisation
- Patient must have tried the usual nelaton catheters and was unable to use them in a timely or satisfactory manner due to:
 1. inability to insert the nelaton catheter into the stoma/ pouch
 2. painful insertion of nelaton catheters

Authorisation Form

I..... give
(Full Name of Stomal Therapy Nurse (STN)/ Nurse Practitioner/ Registered Nurse, or Registered Medical Professional)

Patient name

Authority to order the Tieman Tip catheters from their Ostomy Association.

The above mentioned patient has received education from me and has agreed to return for a review within six months of initial consultation.

I have consulted with the relevant surgeon who agrees that the Tieman Tip catheters are appropriate for this patient.

Stomal Therapy Nurse (STN)/ Nurse Practitioner/ Registered Nurse, or
Registered Medical Professional's Signature

Patient's signature

Date

Note: The above must be ordered within two months of application issue date

OSTOMY ASSOCIATION

Patient's name

Patient membership number

Signature of distribution person

Date