

Appendix 1 – RDNS position on drain and peg tubes/catheter care

Vacuum drainage systems	Funding source
eg. Redivac and Provac	<ul style="list-style-type: none"> HITH for the entirety of the drain tube in situ After removal, ongoing wound care could be HACC if HACC eligible
Breast care drainage	<ul style="list-style-type: none"> HITH or PAC (if no medical monitoring is required) for the entirety of the drain tube in situ After removal, ongoing wound care could be HACC if eligible and if care is of a long term support and maintenance nature
Other drainage tubes	Funding source
All other drain tubes, eg. nephrostomy, Penrose or T-tubes	<ul style="list-style-type: none"> Funded for 10 days HITH or PAC Ongoing care could be HACC if eligible and if care need is of a long term support and maintenance nature
Urostomy and stent	<ul style="list-style-type: none"> Funded for up to 10 days PAC Ongoing care could be HACC if eligible and if care need is of a long term support and maintenance nature
Peg tubes	Funding source
PEG tubes	<ul style="list-style-type: none"> Funded for up to 10 days PAC Ongoing care could be HACC if eligible and if care need is of a long term support and maintenance nature
Urinary catheters	Funding source
Indwelling catheter care	<ul style="list-style-type: none"> Funded by PAC if care request is directly related to procedure undertaken in hospital Funded by HACC when care is considered to be of a long term support and maintenance nature
Trial of void	<ul style="list-style-type: none"> Funded by HACC if considered support and maintenance in nature

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