

Facility:

D.O.B. ____ / ____ / ____ M.O.

ADDRESS

**AUTHORITY TO APPLY
COMPRESSION THERAPY**

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

I Dr (please print) _____ give permission for registered nurses to apply compression therapy for the above client/ patient (Please select type of compression below).

Please specify which limbs/limb compression to be applied: _____

Signed Dr/ Specialist: _____ Date: _____

Print Name: _____ Phone number: _____

If patient has co-morbidities present at least **one** of the following studies **MUST** be attended:

1) A.B.P.I /toe pressures in last 12 months: Yes

Date: _____ Results: _____

OR

2) L.O.I assessment in last 12 months: Yes

Date: _____ Results: _____

OR

3) Vascular studies in last 12 months: Yes

Date: _____ Results: _____

OR

If patient has **no** co-morbidities the following 3 boxes **must be ticked**. Palpable pulses present x 4

Patient/carer able to remove bandages Vascular study arranged Date: _____

Vascular Diagnosis/Comorbidities: _____

Vascular Specialist Name: _____

Graduated Compression Therapy: Bandages	Graduated Compression Therapy: Stockings
<p>Moderate: 2-3 layers 20-40mmHg: padding /crepe/ short stretch (mobile clients/ e.g. comprilan) <input type="checkbox"/></p>	<p>Very Strong: 60mmHg (Lymphoedema) <input type="checkbox"/></p>
<p>Moderate: 3 layers 20-40mmHg padding/crepe/ high stretch (e.g surepress, setapress) <input type="checkbox"/></p>	<p>Strong: 40-60mmHg (Class three stocking) <input type="checkbox"/></p>
<p>Moderate: 4 layer high stretch 20-40mmHg (e.g profore) <input type="checkbox"/></p>	<p>Moderate: 20-40mmHg (Class two stocking) <input type="checkbox"/></p>
<p>Moderate: Zinc Bandage (then padding/ crepe/short stretch or high stretch compression) <input type="checkbox"/></p>	<p>Mild: 18-24mmHg (Class one stocking) <input type="checkbox"/></p>
<p>Light: Zinc Bandage (padding/ crepe/ tubular bandage e.g tubigrip) <input type="checkbox"/></p>	<p>Light: 15mmHg: tubular (three layer tubigrip system) <input type="checkbox"/></p>
<p>Other: <input type="checkbox"/></p>	<p>Ex Light: 5mmHg: tubular (single layer e.g tubigrip) (Not used for venous leg ulcers) <input type="checkbox"/></p>
	<p>Other: <input type="checkbox"/></p>

Comments: (Recommended dressing for wound review only) _____



SEI020.073

Holes punched as per AS2828-1999
BINDING MARGIN - NO WRITING

SO463 170212