AUTHORITY TO APPLY COMPRESSION THERAPY

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:

______________________________

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

Comments: (Recommended dressing for wound review only) ___________________________