

SESLHD PROCEDURE- APPENDIX A

Wound – Graduated Compression Therapy (GCT) in Venous Disease

SESLHDPR/398

Appendix A: Example of Medical Authority Form

<p>South Eastern Sydney Local Health District</p>	<p>SURNAME: _____ MRN: _____ OTHER NAMES: _____ DOB: _____ SEX: _____ AMO: _____</p>
<p>Authority to Apply Compression Therapy</p>	<p>AFFIX PATIENT ID LABEL HERE</p>

I (please print).....give permission to apply compression therapy for the above patient (Please select compression below).
 Please specify which limbs/limb compression to be applied:

Signed:Position: Facility: Date:

Print Name:Phone number:

Allergies:

In the last six months has this patient had the following (indicate by ✓):

<input type="checkbox"/> Ankle Brachial Pressure Index	Date.....
<input type="checkbox"/> Toe Brachial Pressure Index	Date.....
<input type="checkbox"/> Lanarkshire Oximetry Index Assessment	Date.....
<input type="checkbox"/> Vascular studies	Date.....

Results.....

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Medical Officer/Specialist Vascular Diagnosis:

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Vascular Specialist Name:

Graduated Compression Therapy: Bandages	Graduated Compression Therapy: Stockings
<p>Moderate: 2 layer 20-40mmHg: padding / short stretch e.g. Putterbinde, Urgo k 2, Coban2..... <input type="checkbox"/></p> <p>Moderate: 2 layer 20-40mmHg padding / high stretch e.g. Surepress, Setapress..... <input type="checkbox"/></p> <p>Moderate: 4 layer high stretch 20-40mmHg e.g. Profore, Veno4..... <input type="checkbox"/></p> <p>Moderate: Zinc Bandage / then padding /short stretch or high stretch compression..... <input type="checkbox"/></p> <p>Light: Tubular bandage e.g. Tubigrip, TubularForm, Flexigrip <input type="checkbox"/></p> <p>Other: <input type="checkbox"/></p>	<p>Very Strong: >60mmHg (Lymphoedema)..... <input type="checkbox"/></p> <p>Strong: 40-60mmHg (Class three stocking) <input type="checkbox"/></p> <p>Moderate: 20-40mmHg (Class two stocking).... <input type="checkbox"/></p> <p>Mild: 18-24mmHg (Class one stocking)..... <input type="checkbox"/></p> <p>Light: 15mmHg tubular system (e,g, three layer Tubular Form system)..... <input type="checkbox"/></p> <p>Ex Light: 5mmHg tubular system (single layer) <input type="checkbox"/></p> <p>Note: Not used for VLU..... <input type="checkbox"/></p> <p>Other: <input type="checkbox"/></p>

Comments: (Recommended dressing for wound review only)

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Authority to Apply Compression Therapy