South Eastern Sydney Local Health District

NSW GOVERNMENT

Facility:

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION / WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

AUTHORITY TO APPLY COMPRESSION THERAPY

I, (*please print*) ..... Position .....
give permission to apply compression therapy for the above patient (*Please select compression below*).

Medical officer/Vascular Specialist Name .....

Diagnosis: .....

Medical order* for compression therapy given: ☐ **Verbal** ☐ **Written** ☐ **eMR**

*Please note a medical order for compression therapy is required.

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 ticking the boxes*):

☐ Ankle Brachial Pressure Index Date .....

☐ Toe Brachial Pressure Index Date .....

☐ Lanarkshire Oximetry Index Assessment Date .....

☐ Vascular studies Date .....

Results.....

Graduated Compression Therapy: Bandages	Graduated Compression Therapy: Stockings
☐ **Strong:** 40-60mmHg 2 layers: padding/short stretch – (*e.g. PutterBinde, UrgoK2, Coban2*)	☐ **Very Strong:** >60mmHg (*Lymphoedema*)
☐ **Strong:** 40-60mmHg 2 layers: padding/high stretch (*e.g. Surepress, Setopress 'brown' square*)	☐ **Strong:** 40-60mmHg (*Class three stocking*)
☐ **Strong:** 40-60mmHg 4 layers: padding/crepe/high stretch/ short stretch (*e.g. Profore, Veno4*)	☐ **Moderate:** 20-40mmHg (*Class two stocking*)
☐ **Moderate:** 20-40mmHg 2 layers: padding/short stretch – (*e.g. Coban 2 Lite, UrgoK2 Lite*)	☐ **Mild:** 18-24mmHg (*Class one stocking*)
☐ **Moderate:** 20-40mmHg 2 layers: padding/high stretch (*e.g. Setopress 'green' square*)	☐ **Mild:** 3 layer tubular bandage (*e.g. Tubigrip, TubularForm, Flexigrip*)
☐ **Other:**	☐ **Other:** .....

Comments: (*Recommended dressing for wound review only*)

Finsbury Green

SES102073
Holes Punched as per AS2828.1: 2019
BINDING MARGIN - NO WRITING

AUTHORITY TO APPLY COMPRESSION THERAPY SES102.073

NHSIS0463 131023