


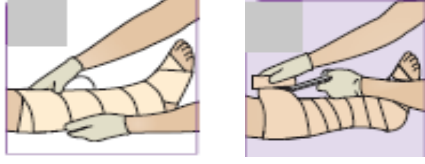




## Skin and Wound Product Information Sheet

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| <b>Classification</b>  | <b>Compression Therapy Non-Elastic/Short-Stretch Wrap</b>   |
| <b>Key Points</b>  | <p><b>For Compression Therapy in general</b></p> <ul style="list-style-type: none"> <li>• A physician/NP order or clinical direction from a Wound Clinician is required to apply a compression wrap</li> <li>• Only health care professionals who have successfully completed additional education for compression therapy may apply compression wraps</li> <li>• Follow agency/Health Authority compression therapy policies/practice standard.</li> <li>• Refer to the <a href="#">Guideline: Application of Compression Therapy</a> for further information related to indications, precautions and contraindications</li> </ul> <p><b>For this product specifically</b></p> <ul style="list-style-type: none"> <li>• A single use only, latex-free, 2-layer inelastic/short-stretch system providing high compression (30 - 40 mmHg) for up to 7 days; plus a 100% nylon stocking to for easier application of footwear</li> </ul>  |
| <b>Indications</b>   | <ul style="list-style-type: none"> <li>• For clients with an ABI is 0.8 or greater and requiring high compression therapy for the treatment of:                             <ul style="list-style-type: none"> <li>○ Venous insufficiency with or without ulcer(s) or</li> <li>○ Arterial/venous insufficiency with or without ulcer(s) or</li> <li>○ Lymphedema with or without ulcers(s)</li> <li>○ Generalized lower limb edema</li> </ul> </li> </ul>   |
| <b>Precautions</b>   | <ul style="list-style-type: none"> <li>• Compression wraps may be used:                             <ul style="list-style-type: none"> <li>○ Used with caution for clients whose ABI is between 0.50 and 0.89 as this value indicates moderate to mild arterial insufficiency</li> <li>○ Used with caution and under an order from a Physician/NP for clients whose ABI is 1.31 or greater as this value indicates calcified arteries (often seen in clients with diabetes mellitus and/or with advanced small vessel disease)</li> <li>○ Used with extreme caution and in consultation with a vascular surgeon for clients whose ABI is 0.49 or less as this value indicates severe to critical arterial insufficiency</li> </ul> </li> <li>• Very thin legs and boney prominences need to be well padded to protect them from pressure</li> <li>• Promptly remove the wrap and notify the Physician/NP/Wound Clinician if the client develop pain or a pale, cool or numb toes or foot, or signs and symptoms of Heart Failure</li> </ul> |
| <b>Contraindications</b>   | <ul style="list-style-type: none"> <li>• Do not apply in the presence of uncontrolled Heart Failure</li> <li>• Do not apply in the presence of an untreated lower limb skin or wound infection</li> </ul>   |
| <b>Formats &amp; Sizes</b>   | <ul style="list-style-type: none"> <li>• Compression Kit 10cm                             <ul style="list-style-type: none"> <li>▪ Comfort Layer: 10cm x 3.5m</li> <li>▪ Wrap: 10 cm x 4.5m (purple roll)</li> <li>▪ Stocking</li> </ul> </li> <li>• Compression Kit 15cm                             <ul style="list-style-type: none"> <li>▪ Comfort Layer: 15cm x 3.5m</li> <li>▪ Wrap: 15cm x 4.5m (purple roll)</li> <li>▪ Stocking</li> </ul> </li> </ul> <div style="text-align: right;">  </div>  |
| <b>Application Directions</b>  | <b>Rationale</b>  |
| <p>Apply wrap in the early morning, if possible.</p> <p>Wash or shower leg(s) with warm water using a pH-balanced skin cleanser. Moisturize intact skin with agency approved moisturizer; allow moisturizer to absorb/dry before wrapping.</p> <p>Measure the ankle circumference 10 cm from the bottom of the heel; measure the calf circumference 30 cm from the bottom of the heel.</p> <p>Apply an appropriate cover dressing if wound is present.</p> | <p>Edema should be minimal in the morning.</p> <p>To remove dead skin and resolve/prevent dry skin.</p> <p>This measurement gives a base-line assessment/re-assessment of the client's edema.</p>   |
| <b>To Apply Wrap</b>   |   |
| <p>Support the foot off the floor and position the foot in dorsiflexion with the calf muscle at rest.</p>  | <p>Dorsiflexion ensures a good walking position once the wrap is on.</p>  |



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| <p><b>First Layer</b><br/>The foam comfort layer is to be applied with the foam side next to the skin. Do not stretch.<br/>Beginning at the fifth metatarsal head, start with a circular winding at the base of toes.</p>  |   |
| <p>The second circle of the comfort layer should come across the top of the foot, so that the middle of the bandage covers the articulating aspect of the ankle joint; the heel is not covered and the plantar surface of the foot does not need to be completely covered.<br/>If a small fold in the padding occurs, position the fold on either side of the Achilles Tendon.</p>   |   |
| <p>Proceed up the leg in a spiral wrap, minimal overlap using just enough tension to conform to the shape of the leg. Stop two finger widths below the knee. Cut off excess material and secure with tape as needed; do not apply tape to skin.<br/>Padding layer will be smoothed down when covered by the compression layer.</p>   |   |
| <p>Ensure that bony prominences are adequately protected, if needed; to protect the shin area:</p> <ul style="list-style-type: none"> <li>• Cut a strip of comfort layer, the length of the toes to the knee.</li> <li>• Lay the piece such that it covers the top of the foot and tibial crest of the leg.</li> <li>• At the level of the ankle, make a slit on each side to allow the strip to conform at the ankle</li> </ul> | <p>To prevent undue pressure over bony prominences.</p>  |
| <p><b>Second Layer</b><br/>Apply compression layer at full stretch throughout.</p>   |   |
| <p>Begin with a circular wrap at the base of the toes, starting at 5<sup>th</sup> metatarsal head.<br/>The second winding should come across the foot and around the back of the heel.</p>   |   |
| <p>Complete two to three figures-of-eight around the ankle to ensure the entire foot/heel are covered with at least two layers.</p>  |   |
| <p>Proceed up the leg using spiral technique using a 50% overlap and a 100% stretch of the compression wrap.</p>   |   |
| <p>Stop two fingers widths below the knee, cut off excess material – the bandage should be even with the padding layer.<br/>Press lightly on the entire surface of the compression wrap.<br/>The nylon stocking may be used otop of the wrap for easier application of the client's footwear.</p>  | <p>To ensure the two layers adhere to each other.</p>   |
| <p><b>To Remove Wrap</b><br/>Remove by unwrapping or by cutting the wrap with bandage scissors. If cutting, lift the bandage up from the underlying skin before cutting to avoid trauma from scissors.</p>   | <p>Scissors will slide easily under the compression wrap if the ends of the scissors are first dipped in a moisturizer.</p>                 |
| <p><b>Frequency of Wrap Change</b></p>   |   |
| <p>Wrap can apply sustained high compression for up to 7 days given slippage does not occur and/or, if a wound is present, the wound exudate is managed.</p>   |   |
| <p><b>Expected Outcome</b></p>   |   |
| <p>Measurable improvement in the ankle and calf measurements within 1 week.</p>  |   |
| <p><b>For further information, please contact your Wound Clinician.</b></p>  |   |