island health



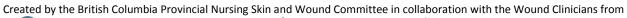


## northern health Us exclusion way of caring



## **Skin and Wound Product Information Sheet**

Profore			
Classification	Compression Therapy: Elastic/Long-Stretch Wrap		
Key Points	<ul> <li>For Compression Therapy in general</li> <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 <u>Guideline: Application of Compression Therapy</u> for further information related to indications, precautions and contraindications</li> <li>For this product specifically</li> <li>A four-layer compression wrap elastic/long-stretch system providing high compression (30 - 40 mmHg) for up to 7 days</li> </ul>		
Indications	<ul> <li>Single use only; latex free</li> <li>Contains a sterile wound contact layer which may be applied as an interface</li> <li>For clients who require high compression therapy for the treatment of</li> </ul>		
Precautions Contraindications Formats & Sizes	<ul> <li>For clients who require high compression therapy for the treatment of <ul> <li>Venous insufficiency with or without ulcer(s)</li> </ul> </li> <li>Compression wraps may be used: <ul> <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> <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> <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> </li> <li>Compression Wrap <ul> <li>10 cm x 2.5 m</li> </ul> </li> </ul>		
	plication Directions	Rationale	
Apply wrap in the early morning, if possible. 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. Measure the ankle circumference 10 cm from the bottom of the heel; measure the calf circumference 30 cm from the bottom of the heel. Apply an appropriate cover dressing if wound present.		Edema should be minimal in the morning To remove dead skin and resolve/prevent dry skin. This measurement gives a base-line assessment/re- assessment of the client's edema, as well as determines the ankle circumference: •18cm-26cm is considered normal •greater than 26cm are considered large •less than 18cm is considered small and requires additional padding	





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## **Skin and Wound Product Information Sheet**

To Apply	
Support the foot off the floor and position the foot in	Dorsiflexion ensures a good walking position once the
dorsiflexion with the calf muscle at rest.	wrap is on.
First Layer: Profore #1 padding Apply the padding layer <u>without tension</u> , twice around the base of the toes using an anchor turn at the ankle. Bring the wrap back around the foot, below the arch. Continue wrapping to cover the heel. Continue up the leg using a spiral wrap with a 50% overlap for each spiral. Stop two finger widths	
below the knee; cut off excess wrap.	
Ensure that bony prominences are adequately padded and that leg has a natural shape to it.	To prevent undue pressure over bony prominences.
Padded ankle area should be narrower than the calf but must measure 18 cm or greater; if not, then add more padding.	To ensure a safe level of compression at the ankle. The smaller the circumference, the higher the compression.
Second Layer: Profore #2 light conformable wrap	Second layer smooths the first layer.
Apply the second layer in the same way that the first layer, again without tension and using the spiral technique and with a 50% overlap. Finish by leaving a narrow margin of first layer visible. Cut off	Second layer smooths the first layer.
excess and tape to secure	
Third Layer: Profore #3 light compression wrap	
Apply from the base of toes to the knee in figure 8 technique at 50% stretch. Use the central yellow line as guidance for 50% overlap. Use tape to secure.	This is the first compression layer, and the only layer applied in a figure 8.
Fourth Layer: Profore #4 cohesive compression wrap	
Apply from toe to knee using a spiral technique with 50% stretch and 50% overlap. Press lightly to ensure that wrap adheres to itself.	This layer applies compression and keeps the wrap in place for up to a week.
Frequency of Wrap Change	
Wrap can apply sustained high compression for up to 7 days given that slippage does not occur and any wound exudate is	
managed.	
To Remove	
Cut wrap off by carefully lifting wrap before cutting it to ensure no trauma from the scissors.	
Expected Outcome	
Measurable improvement in the ankle and calf measurements within 1 week.	
For further information, please con	tact your Wound Clinician.