T.E.D.™ Anti-Embolism Stockings
Nursing Procedure Guide

Sizing and application for optimal benefit
T.E.D.™ Anti-Embolism Stockings

• T.E.D. anti-embolism stockings apply the clinically proven graduated pressure pattern of 18mmHg at the ankle, 14mmHg at the calf, 8mmHg at the popliteal, 10mmHg at the lower thigh and 8mmHg at the upper thigh. It is important to measure the patient’s leg size to assure that the appropriate pressure pattern is applied.

• T.E.D. anti-embolism stockings are clinically proven to reduce DVT by 50% and to promote increased blood flow velocity in the legs 138% of baseline by compression of deep venous system.

• T.E.D. anti-embolism stockings have been clinically proven to prevent the damaging effects of venous distension that occurs during surgery and hospitalization.

Clinically Proven Pressure Pattern

- Upper Thigh, 8mmHg
- Lower Thigh, 10mmHg
- Popliteal, 8mmHg
- Calf, 14mmHg
- Ankle, 18mmHg
Getting Started

You will need:
• Wall Chart
• Tape Measure
• T.E.D.™ Stocking Order Pad/Sizing Chart
• Package of Covidien T.E.D. anti-embolism stockings

Nursing is responsible for sizing, application, and maintenance of T.E.D. anti-embolism stockings.

Sizing

Proper sizing and application must be assured for a patient to receive the optimal benefit of stockings. Refer to instructions for use in packaging for specific sizing information.

A. Thigh Length and Thigh Length with Belt (Figure I)
1. Measure upper thigh circumference at gluteal furrow. (Measurement #1)
2. Measure calf circumference at greatest dimension. (Measurement #2)
3. Measure leg length from gluteal furrow to base of heel. (Measurement #3)
4. Consult the back of this guide, wall chart or product packaging to determine the appropriate size.
   a. If right and left legs measure differently, order two different stocking sizes.
   b. If thigh circumference is greater than 36 inches, select a knee length stocking.
   c. If calf circumference is outside the specified range of the recommended thigh length stocking based on Measurement #1, select a knee length stocking.

B. Knee Length (Figure II)
1. Measure calf circumference at greatest dimension. (Measurement #1)
2. Measure length from bend of knee to base of heel. (Measurement #2)
3. Consult the wall chart or back of this guide to determine the appropriate size.
   a. If right and left legs measure differently, order two different stocking sizes.

C. Order two pairs of stockings to ensure that prophylaxis is uninterrupted during laundering care or to send a pair home with the patient.

Did you know?
According to a study by Dr. Sigel, the effect of graduated compression stockings on venous velocity lasts up to 30 minutes after removal of the stockings.4
Applying

A. Insert hand into stocking as far as the heel pocket (Figure III)

B. Grasp center of heel pocket and turn stocking inside out to heel area. (Figure IV)

C. Position stocking over foot and heel. Be sure patient’s heel is centered in heel pocket. (Figure V)

D. Pull a few inches of the stocking up around the ankle and calf.

E. Continue pulling the stocking up the leg. The stitch change (change in fabric sheerness) should fall between 1” to 2” below the bend of the knee. (Figure VI)

F. As thigh portion of the stocking is applied, start rotating stocking inward so panel is centered over femoral artery. Panel is placed slightly towards the inside of the leg.

When using thigh length with belt (Figure VII), be sure side panels are at hip bone and upper hem rests at the gluteal furrow.

G. Smooth out wrinkles

H. Align inspection toe to fall under the toes. (Toes should not stick out.)

I. Instruct patient as to the proper positioning of stocking to insure that the patient will not reposition the stockings incorrectly.

J. For improved efficacy in moderate/high risk patients, additional prophylaxis methods may be appropriate. To further determine the best mechanical or pharmacological prophylaxis options, please refer to risk assessment on Page 7.
Contraindications

Stockings are not recommended for patients with the following:

1. Any local leg condition in which stockings would interfere, such as: dermatitis, vein ligation (immediately postoperative), gangrene, or recent skin graft.
2. Severe arteriosclerosis or other ischemic vascular disease.
3. Massive edema of legs or pulmonary edema from congestive heart failure.
4. Extreme deformity of leg.

Charting

A. Record style and size of stocking applied, and date applied.
B. Record removal of stockings.
C. Note appearance of skin.
D. Report absence or presence of tenderness in calves, thighs or toes.
E. Record inspection of stockings during each shift.
F. Be aware of patient’s size changing and weight loss.

Maintenance

A. Wash every 2 to 3 days to remove bodily secretions.
B. Machine wash, temperature not to exceed 160° F (71°C); Machine dry for 15 to 20 minutes, temperature not to exceed 250° F (121°C).
C. Do not use ointments. Use talcum powder.
D. With correct care, stockings last 2 to 3 months (approximately 30 washings).
Maintaining skin integrity with T.E.D. anti-embolism stockings while preventing DVT and/or improving vascular circulation

A. Assess Potential Risk for Altered Skin Integrity
   - Altered mobility (hyperactivity or decreased mobility)
   - Altered nutritional state (emaciation; albumin 3.0 g/dl)
   - Altered metabolic state
   - Altered skin turgor
   - Altered sensation
   - Altered circulation (venous or arterial)

B. Measure Patient
   DO use a measuring tape.
   DO remeasure with decrease or increase of weight. (i.e., edema).

C. Apply Stockings
   DO “walk” the stockings up the legs and use powder sparingly, if necessary, to assist with easy application.

D. Maintain Stockings Properly
   DO check for proper heel and gusset placement.
   DO remove stockings at least daily, inspect skin, provide skin care and reapply stockings.

E. Inspect Skin
   DO inspect skin* (especially ankle/heels) at least every 8 hours and document your assessment.
   DO assess patient’s subjective report of comfort/discomfort.

F. Prevent All Sources Of Pressure, Shear, and Friction
   DO loosen linens and use bed cradles to increase patient comfort.
   DO position patient using a lift sheet, overhead trapeze, etc.
   DO keep HOB lower than 30° whenever possible.
   DO use devices or measures which suspend heels to relieve pressure.
   DON’T guess size of stockings. Tight or loose fitting stockings can impact compression efficacy.
   DON’T pull or tug into place. This increases friction and shear.
   DON’T position the heel of the stocking above or below the heel. This could impact the pressure gradient.
   DON’T take stocking off for long periods of time to let the skin “breathe”. This could impact efficacy.
   DON’T massage reddened areas. This can increase tissue damage.
   DON’T rely solely on visual signs of pressure or friction. Visual signs of tissue damage may be late or absent.
   DON’T tuck linens tightly. This increases pressure over heels and tops of toes.
   DON’T pull patient up in bed dragging heels. This increases friction to heels.
   DON’T keep HOB > 30° for long periods of time. This may increase friction and shear to heels.
   DON’T use donut-type devices or rely solely on pressure reduction devices.

* More frequent inspection or aggressive care may be required for patients at high risk or in patients with signs and symptoms of tissue change.
**Thrombosis Risk Assessment for Surgical & Medical Patients**

**Step 1: Risk Factors Associated with Clinical Setting**

Choose no more than one of the below listed disease states or associated hospital services to determine the baseline risk factor score.

<table>
<thead>
<tr>
<th>Score 1 factor</th>
<th>Score 2 factors</th>
<th>Score 3 factors</th>
<th>Score 5 factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor surgery</td>
<td>Major surgery (&gt;45 min.)</td>
<td>Major surgery with: - Myocardial infarction - Congestive heart failure or - Severe sepsis/infection</td>
<td>Elective major lower extremity arthroplasty</td>
</tr>
<tr>
<td>Major surgery (&gt;45 min.)</td>
<td>Laparoscopic surgery (&gt;45 min.)</td>
<td>- Myocardial infarction - Congestive heart failure or - Severe sepsis/infection</td>
<td>Hip, pelvis, or leg fracture</td>
</tr>
<tr>
<td>Patients confined to bed (&gt;72 hrs.)</td>
<td>Immobilizing plaster cast</td>
<td>Medical patient with additional risk factors</td>
<td>Stroke</td>
</tr>
<tr>
<td>Central venous access</td>
<td></td>
<td></td>
<td>Multiple trauma</td>
</tr>
<tr>
<td>Laparoscopic surgery (&gt;45 min.)</td>
<td></td>
<td></td>
<td>Acute spinal cord injury (paralysis)</td>
</tr>
</tbody>
</table>

**Baseline Risk Factor Score (If Score ≥ 5, go to Step 4)**

**Step 2: Risk Factors Associated with Patient**

**Clinical**

(1 factor unless noted)
- Age 41 to 60 years
- Age over 60 years (2 factors)
- History of DVT/PE (3 factors)
- History of Prior Major Surgery
- Pregnancy, or postpartum (<1 month)
- Malignancy (2 factors)
- Varicose veins
- Inflammatory bowel disease
- Obesity (>20% of ideal body weight)
- Oral contraceptives or hormone replacement therapy

**Hypercoagulable States (Thrombophilia)**

**INHERITED** (score 3 factors for each)
- Factor V Leiden/ Activated protein C resistance
- Antithrombin III deficiency
- Protein C or S deficiency
- Dysfibrinogenemia
- Prothrombin 20210A
- Homocysteinemia

**ACQUIRED** (score 3 factors for each)
- Lupus anticoagulant
- Antiphospholipid antibodies
- Myeloproliferative disorders
- Disorders of plasminogen & plasmin activation
- Heparin-induced thrombocytopenia
- Hyperviscosity syndrome
- Homocysteinemia

**Additional Risk Factor Score**

**Step 3: Total Risk Factor Score**

Baseline + Additional

**Step 4: Recommended Prophylactic Regimens for Each Risk Group**

<table>
<thead>
<tr>
<th>Low Risk (1 factor)</th>
<th>Moderate Risk (2 factors)</th>
<th>High Risk (3-4 factors)</th>
<th>Highest Risk (5 or more factors)</th>
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</thead>
<tbody>
<tr>
<td>No Specific Measures Early Ambulation</td>
<td>IPC or LDUH (q12h) or LMWH or GCS</td>
<td>GCS* and IPC + (LDUH or LMWH)</td>
<td>GCS* and IPC† + (LDUH or LMWH) or ADH or LMWH or Oral Anticoagulants</td>
</tr>
</tbody>
</table>

* Combining GCS with other prophylactic methods (LDUH, LMWH or IPC) may give better protection than any modality alone.

† Data demonstrates benefit of Plantar Pneumatic Compression in total joint arthroplasty. Plantar Pneumatic Compression can also be used when IPC is not feasible, including leg trauma.

## Thigh Length

All X-large, XX-large, and LF suffix stockings are latex free

<table>
<thead>
<tr>
<th>Calf Circumference</th>
<th>Length</th>
<th>Description</th>
<th>Item Code</th>
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<td>Small Short</td>
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## Knee Length

All stockings are latex free

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## Thigh Length with Belt

All stockings are latex free

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### References


For additional information, log on to www.covidien.com/dvtcompression

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