

## Graduated Compression Stockings (TED's)

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### Purpose

To minimise risk of deep vein thrombosis in 'at risk' patients, ensuring health and well-being.

### Scope

Medical staff  
Nursing and Midwifery Staff  
Nursing/Midwifery Student under supervision

### Associated Documents

CDHB Manual, Volume 10 – Infection Prevention and Control  
Clinical Notes QMR0003  
Surgeon's specific protocols  
Nursing Care Plan  
Observation Chart QMR0023  
Clinical Pathway in Service Area

### Contraindications

Do not offer anti-embolism stockings to patients with:

- suspected or proven peripheral arterial disease/wounds/ulcers
- peripheral arterial bypass grafting
- lower limb compression bandaging
- peripheral neuropathy or other causes of sensory impairment

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- local condition in which stockings may cause damage, such as fragile 'tissue paper' skin,
- dermatitis, gangrene or recent skin graft
- known allergy to material of manufacture
- cardiac failure
- severe leg oedema or pulmonary oedema from congestive heart failure
- unusual leg size or shape
- legs that exceed the measurement guide
- major limb deformity preventing correct fit

**Please Note:** Use caution and clinical judgement when applying anti-embolism stockings over venous ulcers or wounds.

## Statements

- Stockings are a single patient use only device
- Poor fitting of stocking increases risk of DVT if ill fitting
- Using a small plastic bag over the foot first, before application of stocking, often helps slide the stocking over the foot much more easily, then remove the bag through the inspection toe opening.
- Monitor use of anti-embolism stockings and offer assistance if they are not being worn

## Discharge information for Patients going home with stockings

As soon as possible: Patient should have stocking administration demonstrated to them and then be supervised with self-administration for the length of their stay. Ensure they understand that this will reduce their risk of developing VTE. District Nursing to be involved if Patient is unable to manage independently, or if staff are unable to educate a family member.

- Appropriate education is provided to the patient. Including verbal, written and visual information. Including:
- If oedema or postoperative swelling develops, ensure legs are re-measured and stockings refitted by their GP or district Nurse
- Encourage patients to wear the stockings day and night until they regain full mobility/as directed by doctor
- Encourage patient to remove stockings daily for hygiene purposes and to inspect skin condition. If patient has significant

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reduction in mobility, poor skin integrity or sensory loss, encourage inspection of skin two or three times per day, particularly over heels and bony prominences.

- Discontinue use of stockings if there is marking, blistering or discolouration of skin, pressure injuries or if patient experiences pain or discomfort. Advise patient to seek medical advice.
- Smooth any wrinkles in stockings with palms of hands.

## Lippincott Procedures and References

[Thigh length Graduated Compression Stocking Procedure \(TEDs\)](#)

[Knee length Graduated Compression Stocking Procedure \(TED's\)](#)

## References

- Manufacturer's instructions
- National Policy Framework: VTE prevention in Adult Hospitalised Patients in NZ. June 2012. Available from: <http://www.hqsc.govt.nz/>
- National Clinical Guideline Centre-Acute and Chronic Conditions. Venous thromboembolism: reducing the risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) in patients admitted to hospital. National Institute for Health and Clinical Excellence (NICE) clinical guideline 92. 2010. Available from: <http://www.nice.org.uk/nicemedia/live/12695/47920/47920.pdf>

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<b>Procedure Authoriser</b>	Director of Nursing & Chief Medical Officer
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