

Skills assessment checklist for compression bandaging systems

Element of skill	Performance criteria	Signature of nurse	Signature of assessor
1 Assessment	Provides documentation of completion of a lower limb assessment and care plan which includes recommendation of compression bandaging system		
	Can rationalise why the bandaging system chosen is the most appropriate for the individual		
2 Preparation of individual	Explains the procedure to the individual or relevant others, including <ul style="list-style-type: none"> <input checked="" type="checkbox"/> the need for adherence to the treatment <input checked="" type="checkbox"/> the bandaging process 		
	Explanation considers the individual's concerns and perceptions regarding the treatment		
	Obtains consent		
	Undertakes all steps necessary to eliminate or reduce any pain experienced		
3 Procedural preparation	The individual is positioned comfortably and in accordance with local occupational health and safety guidelines for compression therapy to be applied safely		
	Infection control strategies are considered in line with local guidelines		
	The appropriate equipment has been sourced		
	Able to explain the technique of application of the bandaging system to be used		
4 Performance of procedure <small>(continued next page)</small>	Previous bandages are removed and the limb inspected for signs of compression related damage		
	Prepares the leg and wound as per care plan		
	Padding is applied as required, taking caution to protect bony prominences		
	Padding promotes the natural contours of the limb, or reshapes it so there is a gradual increase in circumference, (narrower at the ankle, and wider at the calf)		
	Ensures ankle circumference is greater than 18 cm, (padded), prior to commencing bandage layers		

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4 Performance of procedure (continued from previous page)	All layers of bandaging begin at the base of the toes and finish 2 cm below the crease behind the knee		
	Bandage is held close to the limb whilst being applied with the barrel upright		
	Performs an ankle/foot lock with all layers, fully enclosing the foot with enough tension to prevent displacement		
	Ensures that bandage tension is commenced at the ankle and not the foot, unless stipulated by the manufacturer		
	Foot is kept at a 90 degree angle or in dorsi flexion throughout the procedure		
	The remaining layers of bandaging are applied as per manufacturer's recommendations, considering stretch, technique and overlap		
	Any excess bandage is cut off or secured without tension		
	Observes for any gaps in the bandage which may indicate poor alignment		
	Ensures that the individual has ankle and foot movement and toes are well perfused		
5 Post compression	Ensures alternative footwear is considered and sourced if required		
	Discussion of treatment plan with the individual including: <ul style="list-style-type: none"> ✔ Mobility and activities affected by bandaging ✔ Adverse signs and symptoms to observe for ✔ Action to take if adverse signs and symptoms are displayed ✔ Care/washing of reusable bandage layers 		
	Documents interventions and outcomes		

References

Australian and New Zealand clinical practice guideline for prevention and management of venous leg ulcers, 2011. Cambridge publishing.

World Union of Wound Healing Societies, 2008. Principles of best practice: Compression in venous leg ulcers. A consensus document. Accessed at http://www.wuwhs.org/datas/2_1/9/Compression_VLU_English_WEB.pdf

Pamaiahgari, Priyanka, 2010. Bandaging: Basic Principles Evidence Summaries – Joanna Briggs Institute

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