STANDARDIZED PROCEDURE
OFFLOADING FOOT AND COMPRESSION THERAPIES

These procedures are intended to describe procedures performed by Nurse Practitioners and/or Certified Nurse Midwives (depending on the clinical privileges granted to the individual practitioner) at UC San Diego Health.

1. Policy
   a. Midlevel practitioner performs off-loading foot
   b. Setting – operating room, inpatient units, outpatient clinic
   c. Supervision – attending physician

2. Protocol
   a. Data base
      i. Offloading may be accomplished by a variety of methods for successful outcomes
      ii. Informed the patient about the offloading foot rationale and options.
   b. Action
      i. Total contact cast is considered an option for diabetic insensate patients with unresponsive plantar ulcerations; the foot is well protected and rested in plaster cast. Monitor pressure ulcer on the prominent areas under cast as a complication can occur with total contact cast
      ii. A walker or cane may be used during adding a few ounces to total weight of cast
      iii. Select custom shoes or orthotic devices for diabetic foot ulcer which based on the stage of healing of the ulcers
      iv. With a short, deformed and rigid foot; a molded shoe is fabricated to the dimensions of the foot which the sole of the shoe is added a rocker mechanism to assist gait and reduce the forces interacting with the insensitive foot
      v. The practitioners should anticipate and plan for obtaining both shoes and orthotic devices as early as possible.
   c. Record Keeping – procedure will be documented in surgery op note or procedure note
   d. Consultation - Referral to physician or specialty clinician: conditions for which the diagnosis and or treatment are beyond the scope of the midlevel practitioner’s knowledge and or skill, or for those conditions that require consultation.

Standardized Procedure for application of compression therapies

1. Policy
   a. Midlevel practitioner preformed application of compression therapies
   b. Setting – operating room, outpatient clinic, inpatient care areas
   c. Supervision – attending physician

2. Protocol
   a. Data Base
      i. Informed the patient about the application of compression therapies rationale and options.
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ii. Compression therapies are indicated for the management of leg ulcers caused by venous hypertension/venous insufficiency.

iii. Contraindications of using compression therapies are patients with ankle brachial index pressure of less than 0.8 indicating arterial insufficiency.

iv. If the patient develops pain in the foot or toes associated with cool or numbness the bandage should be removed.

v. In the very bony legs or legs with prominent calf bones, should be protected with extra padding. The pressure bandage could bruise and harm unprotected or unpadded skin.

vi. Failure to detect significant reduced arterial blood flow can result in pressure necrosis and amputation.

vii. Measure the circumference of the ankle prior to compression therapy application then re-measure after 1 week to evaluate effectiveness of therapy.

b. Action

i. Wash hands and don protective clothing

ii. Clean wound areas with normal saline or chlorhexidine solution or wipes.

iii. Dry foot or leg ulcers and apply moisturizing lotion cream to unbroken skin

iv. For unna boot/gelocast is placed directly on skin up leg to 2” below knee, and then ace bandage or coban is place over.

v. For profore compression dressing; Apply wound contact dressing directly to wound surface.

vi. Apply absorbent padding bandage to the foot in a spiral manner up the leg to below the knee. Overlap half of the bandage as wrapping the leg.

vii. Very thin bony legs should be protected with extra padding.

viii. Light conforming bandage again is wrapped from the foot up the leg to below the knee.

ix. Apply light compression bandage from the base of the toes to just below the knee and making sure to enclose the heel which is applied in a figure 8 wrapping technique. This bandage should feel 50% stretch and tension up the leg.

x. Cohesive compression bandage (coban) applies from the base of the toes wrapping the foot in spiral manner and should be applied at 50% tension then overlapping half the bandage up the leg, ending below the knee.

c. Record Keeping:

i. Document wound assessment and application of dressing in progress note

d. Consultation- physician consultation

i. Referral to physician or specialty clinician: conditions for which the diagnosis and or treatment are beyond the scope of the midlevel practitioner’s knowledge and or skill, or for those conditions that require consultation.

VII. RESPONSIBILITY
Please contact the Advanced Practice Council if you need help. The administrative assistant for the Chief Nursing Officer can direct you. Call; 619-543-3438.
VIII. HISTORY OF PROCEDURE

Revised by the Committee of Interdisciplinary Practices: 2/26/2014, 9/28/2016
Reviewed by the Medical Staff Credentials Committee: 3/5/2014, 10/6/2016
Approved by the Medical Staff Executive Committee: 3/20/2014, 10/7/2016