

## Graduated Compression Stockings (TED's)

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### Purpose

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To minimise risk of deep vein thrombosis in 'at risk' patients, ensuring health and well-being. Provide appropriate management and monitoring of GSC's as poor fitting stockings can increase the risk of DVT, pressure injuries and falls.

### Applicability

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Medical staff

Nursing and Midwifery Staff

Nursing and Midwifery Students under supervision

### Policy

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- Graduated compressions stockings GCS (Anti Embolic Stockings (AES), Thrombo-Embolus Deterrent (TED) must be prescribed by a medical practitioner.
- It is the clinician's responsibility who applies the stockings to consider that the contraindications/cautions for GCS have been considered.
- Staff must follow the Lippincott procedure for measurement, application, skin assessment and evaluation to prevent adverse events.
- Skin assessment must include checking the ankles, heels and toes of the patient.
- Where possible teach patients on the risk regarding skin breakdown and pressure with the use of TEDs and check their ability to manage TED removal, checking them, cleansing of their skin and adjustment to prevent bunching themselves.
- Where the patient cannot manage the TED removal and skin checks themselves, the patients care plan must indicate a twice daily check of the patient's skin by removing the stockings and checking their skin.
- Staff must remove the TED's where skin integrity is at risk and a medical review must follow.
- Stockings are a single patient use only device.
- 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.
- Stockinged feet create a risk of falling, safe mobility and use of safe footwear must be considered as part of care planning and during the delivery of care.

### Contraindications or cautions

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- Existing pressure injuries
- Suspected or proven peripheral arterial disease/wounds/ulcers/gangrene/peripheral arterial bypass grafting
- Lower limb compression bandaging
- Peripheral neuropathy or other causes of sensory impairment
- Local condition in which stockings may cause damage, such as fragile 'tissue paper' skin,

- Cellulitis, dermatitis or recent skin graft
- Known allergy to material of manufacture
- Cardiac failure
- Diabetes
- 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.

### Education for Patients

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Appropriate education must be provided to the patient and or whanau. Including verbal, written and visual information (see associated documents) including:

- If oedema or postoperative swelling develops, ensure legs are re-measured and stockings refitted by their GP or District Nurse.
- Ensure they understand that this will reduce their risk of developing VTE while identifying the risk of complications such as pressure injuries.
- 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 reduction in mobility, poor skin integrity or sensory loss, encourage inspection of skin four times per day, particularly over heels and bony prominences. Include education on use of appropriate footwear.
- 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.

### Pre-discharge assessment

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A Medical and Nursing assessment is required before patient discharges, to ensure:

- That the patient still requires this therapy
- That either the patient/whanau can manage these safely prior to discharge, or that the patient requires referral to the District Nursing service to manage these.

### Lippincott procedures and references

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

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

### Associated material

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#### Controlled documents

- Hospital Falls Prevention Care Planning Cycle (*ref: 240681*)
- Hospital Falls Prevention Procedure (*ref: 2400616*)
- Making your stay safer with us (*ref: 2407373*)

- Pressure Injury Policy (*ref: 2400614*)
- Preventing Pressure Injuries (*ref: 2407653*)
- Pressure Injury Support Surfaces Recommendation (*ref: 2408710*)
- Venous Thromboembolism Risk Assessment for General Surgery Patients (*ref: 2401618*)
- Venous Thromboembolism VTE Risk Assessment for Elective Gynae Surgery (*ref: 2400864*)
- Thrombo-embolus deterrent (TED) stockings (*ref: 2402044*)
- Reducing the risk of blood clots (*ref: 2400934*)
- DVT Prophylaxis (*ref: 2407263*)

## Supporting research

- Surgeon's specific protocols
- Infection Prevention and Control procedures
- Manufacturer's instructions
- National Policy Framework: VTE prevention in Adult Hospitalised Patients in NZ. June 2012
- NHS National Institute for Health Excellence (2010) Venous Thromboembolism: reducing the risk. NICE clinical guideline 92
- Hobson, D. et al. (2017). Prevalence of graduated compression stocking-associated pressure injuries in surgical intensive care units. *Journal of Critical Care*, 40, 1-6. DOI: 10.1016/j.jcrc.2017.02.016