

Sequential Compression Devices (SCDs) & Thromboembolic Deterrent Stockings (T.E.D.s), Application and Management of

Quick Links to:

- Equipment & Supplies
- Applying T.E.D Stockings (Appendix A)
- Applying SCD Sleeves (<u>Appendix B</u>)
- Sizing Charts (<u>Appendix C</u> & <u>Appendix D</u>)
- Removal and Reapplication
- Troubleshooting
- Alarm Codes SCD EXPRESS (Appendix E)
- Alarm Codes SCD RESPONSE (Appendix F)

Site Applicability

All VCH & PHC Acute Sites

Practice Level

Basic Skills for the following professions (within their scope of practice):

- RN, LPN
- OT
- PT

Policy Statement

- Mechanical thromboprophylaxis should be prescribed by a physician using the regional Venous
 Thromboembolism (VTE) preprinted orders and <u>VCH-PHC Venous Thromboembolism Prevention</u>
 Guideline: Thromboprophylaxis
- Mechanical thromboprophylaxis should not be used alone except when contraindication to anticoagulant administration exists. Once all contraindications have resolved, pharmacological prophylaxis should be started
- T.E.D.s may be used in conjunction with SCDs. A physicians order should state if SCD sleeves should be applied over T.E.D. stockings
- SCD sleeves and T.E.D. stockings must be applied almost continuously to be effective. They should only be removed to allow for skin assessment, bathing, toileting, and mobilization
- Proper sizing and application must be ensured for optimal benefit of stockings. Incorrectly fitted T.E.D. stockings or SCD sleeves may lead to skin breakdown and the development of compartment syndrome
- Remove SCDs and T.E.D.s Q12H to assess and perform skin care
- If the patient is ambulating 3 or more times throughout the day consult with a physician to assess the need for continued mechanical thromboprophylaxis
- Monitor the patient for reports of pain and/ or discomfort and perform neurovascular (CWMS) checks at least Q12H
- Garments are SINGLE PATIENT USE ONLY. Stockings should be washed every 2 to 3 days or as needed and should be replaced every 2 to 3 months or after 30 washes





Need to Know

The two methods available for thromboprophylaxis are pharmacological and mechanical. Although anticoagulant therapy is the first choice at VCH-PHC, mechanical methods are often prescribed because they **do not increase the risk of bleeding**.

Three elements contribute to the development of VTE; they are commonly referred to as Virchow's Triad. These elements are hypercoagulability of the blood, venous wall damage, and stasis of blood flow. The two types of mechanical methods used at VCH & PHC are **T.E.D. stockings** (a type of graduated compression stocking) and **SCDs** (also called intermittent pneumatic compression devices or calf compressors).

T.E.D. stockings help to reduce blood stasis and venous wall injury by preventing venous pooling and promoting venous return. It is also suggested that they decrease the risk of endothelial tears and thus reduce the incidence of VTE formation, by preventing passive dilation of the veins. T.E.D. stockings provide a graduated pressure pattern of 18 mmHg at the ankle, 14 mmHg at the calf, 8 mmHg at the popliteal, 10 mmHg at the lower thigh, and 8 mmHg at the upper thigh.

The SCD system helps to prevent VTE by applying intermittent pneumatic compression which increases venous blood flow in at-risk patients. The System consists of the Controller, the Tubing Sets (provided with the Controller) and single-patient use sleeves. The SCD sleeves sequentially compress the limbs to enhance venous blood movement by providing intermittent cycles of compressed air at selected pressures beginning at the ankle and moving up the leg. The result is a wave-like 'milking' action which empties the veins and increases blood flow velocity in the femoral vein. After the compression, the controller measures the time it takes for the limbs to refill with blood (vascular refill detection) and waits that period of time before the next compression is initiated. The preset sequential gradient pressures are 45 mmHg for leg sleeves.

Indications & Contraindications

Indications for Mechanical Thromboprophylaxis

- Patients deemed very high risk as per the <u>VCH-PHC Thromboprophylaxis Policy</u> (should be used in conjunction with pharmacological therapy unless contraindications exist)
- When contraindications to pharmacological therapy exist i.e. active bleeding of clinical significance, high risk of serious bleeding that might be life-threatening, high risk of bleeding into a critical site (e.g., intracranial, intraspinal, pericardial, intraocular, retroperitoneal), untreated major bleeding disorder, acquired systemic coagulopathy with bleeding, platelet count less than 50 x 109/L
- Patients who refuse pharmacological VTE prophylaxis

Contraindications for Mechanical Thromboprophylaxis

- Acute stroke with immobility (unable to walk independently to the toilet)
- Peripheral vascular disease with absent pedal pulses, severe arteriosclerosis
- Severe peripheral neuropathy
- Skin breakdown, ulcers, gangrene, cellulitis, or dermatitis
- Skin grafting within the last 3 months
- Allergy to stocking or compression cuff materials
- Unable to size or apply properly due to leg deformity, severe edema, recent surgery, or trauma
- Suspected pre-existing DVT/ Acute DVT

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Equipment & Supplies

- Measuring Tape
- SCD Controller:





Tubing Sets (comes with the controller and is NON-DISPOSABLE)

SCD EXPRESS: Tubing 9528SCD RESPONSE: Tubing 9918

Thigh or Calf SCD sleeves (Single use only)



· T.E.D. stockings (if required)



Controller and tubing sets are usually collected and stored in the Medical Device Reprocessing department (MDR). Ordering of T.E.D. stockings may be required if they are not a regularly stocked item. For other collection/storage procedures refer to unit specific practices.

Procedure

For T.E.D. stocking application and measurement see Appendix A & Appendix D

For SCD application and measurement see Appendix B & Appendix C

To Use Only One Sleeve

1. For SCD EXPRESS controller: apply a single sleeve to the leg and connect it to the corresponding tubing. Continue procedure as above

2. **For SCD RESPONSE controller:** an unused sleeve must be attached to the second sleeve connector. The unused sleeve should remain in the plastic bag to ensure proper compression. Simply plug the remaining tubing assembly connector into its mating connector at the end of the bag and continue procedure as above



Removal and Reapplication

- Remove SCDs and T.E.D. stockings at least Q12H to inspect stockings as well as assess and perform skin care. Increase frequency of assessments as appropriate.
- Monitor patient for signs of pain and/ or discomfort and perform neurovascular (CWMS) checks
 including pedal pulses at least Q12H. Increase frequency of assessments for high risk patients and/
 or patients with signs and symptoms of tissue damage
- Remove garments if the patient experiences any numbness, tingling, cyanosis, blanching, decrease
 pedal pulses or pain to lower extremity. Notify a physician immediately
- SCDs and T.E.D.s need to be applied almost continuously to be effective. They should only be removed for a short time each day to allow for skin assessment, bathing, toileting, and mobilization. It is recommended that the garments not be removed for more than one hour during a 24 hour period
- Use caution when mobilizing patients as they are at an increased risk of falling. When ambulating
 patients, SCD sleeves need to be removed and T.E.D. stockings (if required) can remain in place so
 long as appropriate footwear and/or non slip socks are applied
- If the patient is ambulating 3 times or more throughout the day consult with a physician to assess the need for continued mechanical thromboprophylaxis
- Before transport, ensure that the SCD EXPRESS controller is fully charged (The SCD RESPONSE does not have battery power). A fully charged battery will provide up to 6 to 8 hours of power. A completely drained battery will take 4 hours to fully charge

Specific Practices: Peri-Operative, OR & PACU

- 1. Physicians must evaluate all patients admitted to hospital for risk of VTE. Pharmacological or mechanical thromboprophylaxis should be prescribed according to the level of risk as per the regional thromboprophylaxis guidelines
- 2. For at risk patients, mechanical prophylaxis should be applied preoperatively, continue during surgery and in the post-anesthetic care unit
- 3. Assess for any skin breakdown on admission to the PACU and within 30 minutes before discharge
- 4. In the PACU neurovascular and pain assessments should be performed as per the unit guidelines
- 5. Document on the appropriate record:
 - the time and date of application
 - the make/model/tracking number of the SCD machine
 - the types and size of sleeves and/or T.E.D.s used
 - application to one or both legs
 - patients tolerance to treatment
 - in the event the machine has to be turned off, the time this happened and the time restarted
- 6. SCD sleeves and T.E.D. stockings need to be applied almost continuously to be effective. To minimize disruption to treatment, prior to patient transfer, ensure that the SCD controller is fully charged. The SCD EXPRESS controller provides up to 8 hours of battery power (fully charged). The SCD RESPONSE does not have battery power.
- 7. Notify a physician immediately of any signs of neurovascular compromise and/or increased pain

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Troubleshooting

ALARMS will show on the display screen as a code. Refer to the top or front of the controller.

For SCD EXPRESS: See <u>Appendix E</u>
 For SCD RESPONSE: See <u>Appendix F</u>

Cleaning Instructions

The controller and tubing sets should be sent to the Medical Device Reprocessing department (MDR) for cleaning and redistribution unless otherwise indicated. For other cleaning and storage procedures refer to unit specific practices.

The SCD controller should be cleaned with a soft cloth dampened with soapy water and wiped clean with a dry cloth to remove any excess fluid. DO NOT immerse in any liquid. DO NOT use products containing ammonium chloride, acetone or other aromatic solvents e.g. Caviwipes as these chemicals will degrade the integrity of the case and cause it to become embrittled and possibly crack. The SCD system cannot be effectively sterilized by liquid immersion, autoclaving, or ETO sterilization, as irreparable damage to the system will occur.

Patient/Client/Resident Education

Inform the patient about the purpose and operation of the T.E.D. stockings and/ or SCD machine including:

- The type of sensation to expect
- To report any feelings of numbness, tingling or discomfort to lower limbs
- Not to reposition or remove stockings/sleeves
- Not to disconnect from the pump or turn the pump off without consulting the nurse
- The need to wear appropriate footwear and/ or non slip socks before ambulating
- Importance of reconnecting the system following ambulation

Documentation

- 1. The time and date of application, type and size of stocking and/or sleeve
- 2. The condition of the skin and circulatory status before applying and after removal i.e. colour, temperature, skin, capillary refill, and pulses
- 3. The removal of stockings and/ or sleeves. The reason for removal and the time of reapplication
- 4. General condition of stockings/sleeves and skin (at least once per shift)
- 5. Report and record any unexpected outcomes such as reactions/ sensitivity to garments, signs or symptoms of circulatory compromise

Related Documents

Resources:

- o VCH-PHC: <u>Venous Thromboembolism Prevention Guideline: Thromboprophylaxis</u>
- SCD EXPRESS: Operating ManualSCD RESPONSE: Operating Manual
- SCD Express <u>Sleeves</u>
- Nursing Procedure Guide for TED Stockings (source: Covidien.com)
- SCD Express <u>alarm codes</u>





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Date of Approval/Review/Revision

Original Approved date: March 18, 2013 Original Posted date: March 21, 2013



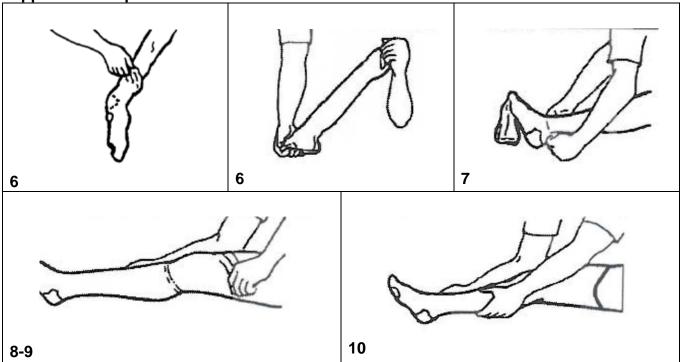


Appendix A: Applying T.E.D. Stockings

Procedure:

- 1. Explain procedure to patient and provide teaching as required
- 2. Wash hands
- 3. Measure patient for correct sizing of garment (See <u>Appendix D</u>). Measure each leg separately. There are 2 lengths of T.E.D. stockings (knee and thigh)
- 4. Position patient supine with head of bed elevated to 30 degrees
- 5. Cleanse legs- DO NOT USE OINTMENT
- 6. Turn elastic stocking inside out by placing one hand into stocking, holding toe piece with other hand, and pulling
- 7. Position stocking over foot and heel. Be sure that the patients heel is centered in the heel pocket
- 8. Pull remaining portion of stocking over patient's ankle and calf. The sock will now be right side out
- 9. Continue pulling stocking over patient's calf/thigh until sock is completely extended. The stitch change (change in fabric sheerness) should fall between 2.5 to 5cm below the popliteal fossa. As thigh portion of stocking is applied start rotating stocking inward so panel is centered over femoral artery. Panel is placed slightly towards the inside of the leg
- 10. Smooth out any wrinkles
- 11. Align inspection opening to fall under the toes. The toes should not stick out
- 12. Instruct the patient as to the proper positioning of stocking to ensure that they will not reposition the stocking incorrectly i.e. remind the patient not to roll stockings partially down as this can create a tourniquet effect
- 13. Reposition patient and wash hands

Application steps:



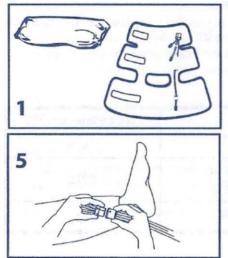


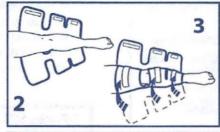


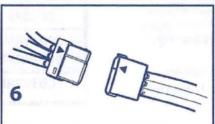
Appendix B: Applying SCD Sleeves

Procedure:

- 1. Explain procedure to patient and provide teaching as required
- 2. Wash hands
- 3. Measure patient for correct sizing of garment (See Appendix C)
 There are 2 lengths of SCD sleeves (knee and thigh)
- 4. Place side of sleeve with printed instructions against the patient's leg. Position the sleeve so that the blue arrows printed on the sleeve are centered directly behind the patient's leg (popliteal fossa). For single sleeve application, see To Use Only One Sleeve section
- 5. Wrap the sleeve securely around the patients leg, beginning with the side without the hook tape
- 6. Holding the ankle section of the sleeve against the patient's ankle, wrap the sleeve securely around the ankle and calf, attaching the hook edge securely to the sleeve. Repeat this procedure on calf and then on the thigh section of the sleeve. The sleeve should fit securely, but not tightly, around all sections of the patient's leg allowing two fingers between the sleeve and the leg.
- 7. Place the SCD controller via the bed hook or on a horizontal surface
- Connect the SCD system to the garment with the reusable tubing-plug the white sleeve connector into a mating connector on the tubing leading to the SCD controller. Ensure that the tubing is not kinked or twisted
- 9. Engage the connectors by aligning the arrows and push the white mating connectors together firmly. To uncouple the white connectors, firmly pull the mating connectors apart
- 10. Plug machine into AC outlet. Note that SCD EXPRESS system can operate on battery for 8hrs and charging a battery will take approximately 4 hrs
- 11. Select thigh or calf garment (SCD system can operate with 1or 2 garments)
- 12. Press the 'Power on/Standby' button









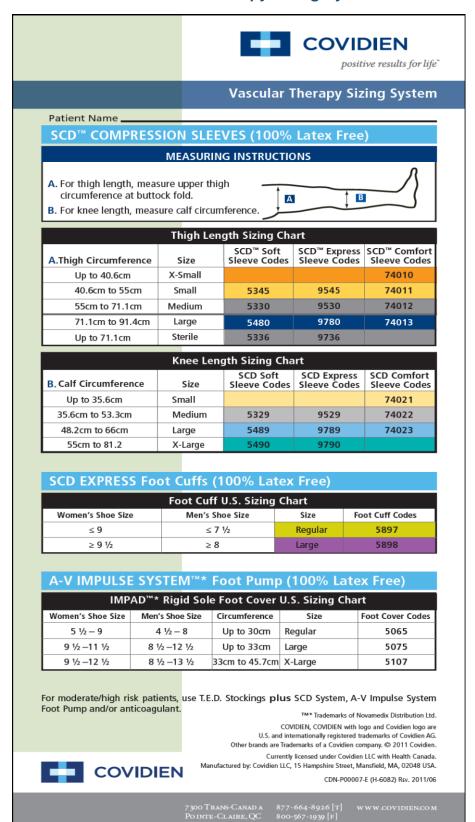


- 13. To mobilize the patient or disconnect from the machine, Press the 'Power on/Standy' button, remove the sleeves by releasing the velcro or firmly grasp and pull the connectors apart
- 14. To resume, reconnect the patient and Press the 'Power on/Standby' button





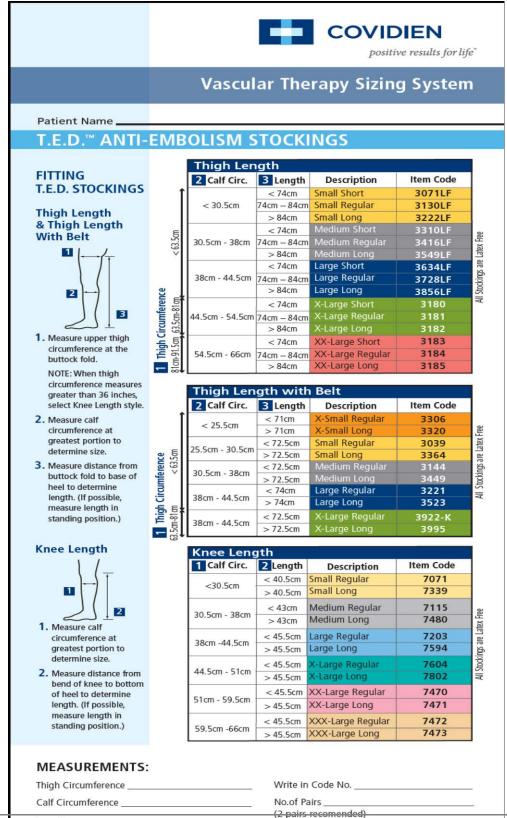
Appendix C: COVIDIEN - Vascular Therapy Sizing System







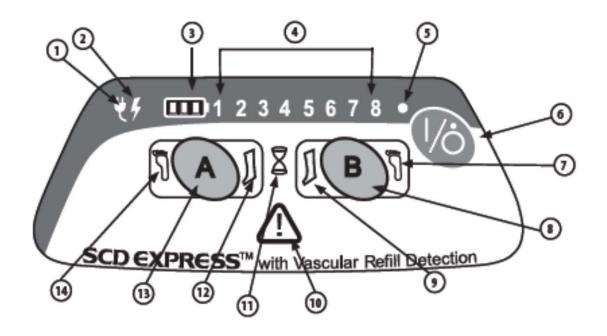
Appendix D: COVIDIEN - Vascular Therapy Sizing System







Appendix E: SCD EXPRESS Alarm Codes and abbreviated instructions for use



Item	Explanation	Item	Explanation
1	AC Power Indicator	8	Port B Garment Configuration Button
2	Battery Charging Indicator	9	Port B Leg Indicator
3	Battery Status Indicators 1-3	10	Service Required Error Indicator
4	Test Mode/Error Code Indicators 1-8	11	Vascular Refill Assess Indicator
5	Power On Indicator	12	Port A Leg Indicator
6	Power On/Standby Button	13	Port A Garment Configuration Button
7	Port B Foot Indicator	14	Port A Foot Indicator







Alarm Code	Fault Type	Description	Troubleshooting
J B J	- Garment Mismatch	The Garment Detection procedure has detected a garment configuration (Leg or Foot flashing green) that does not match the User-selected configuration (Leg or Foot red).	 Press the port configuration button(s) to turn the foot selection on/off depending on what type of garment(s) is connected to the Controller. If the proper garment is selected and the problem persists have the Controller serviced by a professional.
1	- System high	System pressure has exceeded 90mmHg (leg sleeve) or 180mmHg (Foot Cuff)	Check tubing set for any kinks
2	- High Pressure	Leg Sleeve pressure is greater than 47mmHg after 5 consecutive cycles; Foot Cuff pressure is greater than 135mmHg after 5 consecutive cycles.	Check garment application Check tubing connections
3	- Low Pressure	Leg Sleeve pressure is less than 43mmHg after 5 consecutive cycles; Foot Cuff pressure is less than 125mmHg after 5 consecutive cycles. This alarm will also be triggered when no garments are detected at either Controller port (A or B) during start-up.	Check for leaks in the garment(s) and the tubing. If suspect, substitute a new tubing set or garments(s) Turn the Controller off and restart If the problem persists have the Controller serviced by a professional
4	System Pressure	Leg sleeve pressure is not between 35 and 55 mmHg for 12 consecutive cycles; Foot Cuff pressure is not between 110 and 150 mmHg for 12 consecutive cycles.	- Check garment application (too loose or tight). - Turn the Controller off and restart.
5 🗘	Valve Error	If a valve electrically malfunctions, this error will be displayed.	- Verify that the valve assembly is properly connected - Turn the Controller off and restart - If the problem persists have the Controller serviced by a professional
6 🔨	Software Error	Upon start-up, the microprocessor performs diagnostic tests. If the Controller fails to pass these tests this error will be displayed	- Turn the Controller off and restart - If the problem persists have the Controller serviced by a professional
7 🔨	Pump Error	If the pump electrically malfunctions, this error will be displayed	Verify that the pump is properly connected Turn the Controller off and restart If the problem persists have the Controller serviced by a professional
8	Vent Error	The pressure in a garment is greater than 20 mmHg at the end of any vent period. The pressure detected during an inflation cycle does not rise above 5 mmHg.	- Check tubing for kinks - Check garment application (too loose or tight) - Check to make sure there are no kinks in the internal tubing - Turn the Controller off and restart - If the problem persists have the Controller serviced by a professional
9 (Battery indicator 1)	Low Battery Alarm	There is less than 10 minutes of battery charge remaining. The pump and valves will continue to operate for as long as there is enough power.	Plug the Controller into an AC power outlet If the problem persists recalibrate or replace the battery pack
10 (Battery indicator 1)	Battery Error	If a battery calibration error or battery cell failure is detected this error will be displayed.	Turn the Controller off, plug it into an AC power outlet and restart If the problem persists recalibrate or replace the battery pack
11 (Error Indicators 5 & 7)	Temperature Error	If the internal case temperature of the Controller drops below 5°C (41°F) or exceeds 55°C (131°F).	- Make sure the Controller is not covered and that the fan port is not obstructed - Turn off the Controller, allow it to cool, and restart - Verify that the cooling fan is properly connected - Have the Controller serviced by a professional if the problem persists

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M-VT-SCDExpressSS/GB Rev. 2007/09 TY0567



Date: March 2013



Appendix F: SCD RESPONSE Alarm Codes

Alarm Code	Action	
SL – pressure has fallen	Re-attach loose tubing. Turn the system OFF and ON	
LO – pressure has fallen below 43 mmHg on 5 consecutive cycles	Re-attach tubing or tighten sleeves. Turn the system OFF and ON	
SH or d5 – Pressure is more than 90 mmHg	Straighten the kinked tubing. Turn the system OFF and ON. If the tubing is not kinked, send the system for servicing.	
HI – Pressure has exceeded 47 mmHg for 5 consecutive cycles	Loosen the sleeves to allow 2 fingers between sleeve and patient's leg. Turn the system OFF and ON	
SP – Pressure has not been controlled between 33-55 mmHg for 12 consecutive cycles	Loosen the sleeves to allow 2 fingers A/A. Turn the system OFF and ON	
d 1-4 or d 6-9 – The system requires servicing	Send to Biomedical Engineering for repair	

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