Purpose:

1. To prevent venous stasis or thrombolytic disease.
2. To secure surgical dressings or prevent tension on sutures.
3. To provide support, minimize swelling and prevent further injury following a musculoskeletal trauma.

Equipment:

1. Ace bandage of appropriate width, sizes available (2”, 3””, 4”, and 6”)
2. Securing clips or tape.

Preparation:

1. Explain the treatment and application to the patient.
2. Be sure the area is completely dry before bandaging.
3. The patient should be comfortable with the extremity or body part to be bandaged, well supported and elevated if necessary.

Guidelines and Precautions:

1. Always wrap from the distal end to the proximal following the direction of venous circulation.

2. Wrap with even tension, so circulation is not cut off or impaired, avoiding tissue damage.

3. If an open wound is present on the area to be wrapped, apply a sterile bandage then apply the wrap. The wound will need frequent cleaning and a sterile dressing reapplied. If drainage is present the ace wrap must be changed frequently to prevent wound contamination.

4. Check the bandaged area frequently for numbness, edema, decreased circulation, color and decreased movement, skin irritation, pain or tingling.

5. Before applying the bandage, pad bony prominences to prevent pressure sores.

6. Maintain body alignment when applying the ace.

7. Avoid tight occlusion of the popliteal vein.

8. Wrap the heel with the foot.
9. Do not wrap two skin surfaces together such as fingers or toes without placing gauze pads between each surface, moisture between these surfaces can cause deterioration of the tissue.

Procedure and Technique:

1. The bandage is held with the roll uppermost in one hand – unrolling the bandage by placing the outer surface of the roll next to the patient’s skin. Begin rolling at the distal portion of the extremity. Leave a small portion of extremity exposed to check for circulation.

2. Anchor the bandage by securing with one or two complete overlaps.

3. Apply the bandage the same direction as venous circulation. (toward the heart)

4. The pressure should be even and the bandage smooth with no areas of skin between turns. Pad bony prominence or between skin surfaces if fingers.

5. Hold wrap close to the skin – wrap firmly, overlapping about 2/3 of the previous turn.

6. Leave toes and fingers exposed if possible to check circulation.

7. Continue wrapping with even tension till the area is covered. The terminal end of the bandage is secured by clips. Assess the bandage for constriction, slippage or gaps at this time.

8. When the bandage is removed, it should be unwound gently and gathered in a loose mass when it is then rolled smoothly to be ready for the next re-application.

9. Remove the ace every 8 hours for 30 minutes and check circulation unless otherwise ordered.

SIGNATURES:

_______________________________________________ / ___ /______
Medical Director       Date

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Director of Clinical Operations     Date