

# Applying Anti-Emboli Stockings (TED Hose)

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| <b>Purpose</b>                | The purpose of this procedure is to improve venous return to the heart, to improve arterial circulation to the feet, to minimize edema to the legs and feet, and to prevent complications associated with deep vein thrombosis and pulmonary embolism.  |
| <b>Preparation</b>            | <ol style="list-style-type: none"><li>1. Verify that there is a physician's order for anti-emboli stockings. If there is no order for anti-emboli stockings, contact the Attending Physician to obtain orders. (<b>Note:</b> Document the receipt of telephone orders in the resident's medical record.)</li><li>2. Review the resident's care plan to assess for any special needs of the resident, including any potential or existing circulatory problems.</li><li>3. Follow the manufacturer's instructions for measuring and fitting anti-emboli stockings. Stockings that are sized incorrectly can increase the risk of pressure and skin irritation, causing harmful pressure gradients which impede blood flow.</li><li>4. Measure the resident for the appropriate size stockings.<ol style="list-style-type: none"><li>a. <b>Thigh-length stockings.</b> Measure from the gluteal fold to the heel.</li><li>b. <b>Knee-length stockings.</b> Measure from the popliteal fossa (bend of the knee) to the heel.</li><li>c. Measure the circumference of both calves and both thighs (at the widest point).</li></ol></li><li>5. Choose the appropriate size stocking from the manufacturer's chart. (<b>Note:</b> Use different size stockings for each leg, if necessary, to obtain as accurate a size as possible.)</li><li>6. Assemble the equipment and supplies as needed.</li></ol> |
| <b>General Guidelines</b>     | <ol style="list-style-type: none"><li>1. If possible, anti-emboli stockings should be applied in the morning, prior to the resident getting out of bed.</li><li>2. Remove the stockings every eight (8) hours and inspect the skin. Leave the stockings off for 30 minutes and then reapply, as ordered.</li><li>3. Wash stockings every 2 to 3 days with warm water and mild soap.</li></ol>   |
| <b>Equipment and Supplies</b> | The following equipment and supplies will be necessary when performing this procedure. <ol style="list-style-type: none"><li>1. Tape measure;</li><li>2. Anti-emboli stockings; and</li><li>3. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).</li></ol>  |
| <b>Assessment</b>             | <ol style="list-style-type: none"><li>1. Assess the lower extremities for:<ol style="list-style-type: none"><li>a. Posterior tibial and dorsalis pedis pulses (e.g., rate, volume, rhythm).</li><li>b. Skin color, temperature and condition, skin irritation, and open areas;</li><li>c. Presence of edema (unilateral or bilateral), distended veins, or pain; and/or</li><li>d. Pain or tenderness in the calf.</li></ol></li></ol>  |
| <b>Steps in the Procedure</b> | <ol style="list-style-type: none"><li>1. Provide for resident privacy.</li><li>2. Explain the procedure to the resident.</li><li>3. If the resident has been ambulating, instruct him/her to lie down in bed with feet elevated for 15 to 30 minutes prior to applying the stockings.</li></ol>   |

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## Steps in the Procedure (continued)

4. If the resident has been sitting, assist him/her to a lying position in bed.
5. Wash and dry the legs.
6. Apply the stockings:
  - a. With one hand inside the stocking, hold onto the ankle and invert the stocking so that the upper portion is folded back and the foot portion of the stocking is inside the fold.
  - b. Instruct the resident to point his/her toes to facilitate proper positioning.
  - c. Ease the stocking over the toes and position the heel and toe portions of the stocking appropriately.
  - d. Smooth folds and creases along the legs. Do not roll down or bunch the stocking at the top.
  - e. The top of **knee length** stockings should be 1 to 2 inches below the popliteal fossa.
  - f. The top of **thigh length** stockings should be at the gluteal fold. The gusset should be rotated toward the anterior portion of the leg so that it rests above the femoral artery.
7. Discard all disposable items in designated receptacles.
8. Discard personal protective equipment (if used) in designated receptacles.
9. Perform hand antisepsis.
10. Reposition the bed covers. Make the resident comfortable.
11. Place the call light within easy reach of the resident.
12. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that anti-emboli stockings were applied.
2. The stocking size and length.
3. The assessment data gathered prior to the procedure.
4. The resident's response to the procedure.
5. The schedule of removal and reapplication.
6. If the resident refused the treatment, the reason(s) why and the intervention taken.
7. The name and title of the individual(s) who performed the procedure.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.