

MEDICAL REQUEST FOR COMPRESSION THERAPY

NAME _____ DOB _____ Date / /

INDICATIONS <input type="checkbox"/> Venous <input type="checkbox"/> Mixed <input type="checkbox"/> Anti-embolic Other: _____		
The patient must have had the following Investigations attended in the last 3 months. ¹	APPLICATION TO	APPLICATION TO
	<input type="checkbox"/> Left Leg	<input type="checkbox"/> Right Leg
PULSES Can you feel pulses?	Yes No	Yes No
ABPI Ankle Brachial Pressure Index	RESULT	DATE
VASCULAR WAVE Form		
TBI Toe Brachial Index (TBI) (for patients with diabetes)		
LEVEL OF COMPRESSION	<input type="checkbox"/> Extra Strong > 60 mmHg <input type="checkbox"/> Strong > 40-60 mmHg	<input type="checkbox"/> Moderate 20-40mmHg <input type="checkbox"/> Mild 18-24 mmHg <input type="checkbox"/> Light Tubular 15mmHg
TYPE OF COMPRESSION		
PNEUMATIC COMPRESSION	BANDAGING	STOCKINGS
<input type="checkbox"/> Moderate <input type="checkbox"/> Strong	<input type="checkbox"/> Moderate 2-3 layer padding/short stretch <input type="checkbox"/> Coban Lite <input type="checkbox"/> Strong 2-3 layer eg Sofban Comprilan, Tubigrip <input type="checkbox"/> Coban Standard	<input type="checkbox"/> Mild Class 1 stocking <input type="checkbox"/> Readywrap <input type="checkbox"/> Reid Sleeve <input type="checkbox"/> Light Tubular stocking <input type="checkbox"/> Moderate Class 2 stocking NB: Patient needs someone to remove them at night.
DURATION (please circle)	Weeks / Months / Until Healed	Weeks/Months/Until Healed
	<input type="checkbox"/> Transition to Stockings once healed to prevent recurrence	<input type="checkbox"/> Ongoing use of stockings to maintain /support venous return
Vascular Specialist: _____ Telephone: _____ Name		
AUTHORISING CLINICIAN (Medical Specialist / General Practitioner)		
Name _____ Signature _____		
Designation : _____ Date: / / Telephone: _____		

¹ NSW Ministry of Health Policy
AUTHORITY FOR COMPRESSION THERAPY

Ankle brachial pressure (ABPI)²

The ratio of the ankle to brachial systolic pressure and is measured using a sphygmomanometer and handheld Doppler device.

Substantiates the presence or absence of significant PVD, except in those with heavily calcified vessels where the ABPI will be > 1.3 and should be disregarded.

An ABPI < 0.9 is abnormal. With intermittent claudication, value is usually between 0.5 and 0.9.

ABPI	Assessment
< 0.5	Compression stockings should not be worn, as severe arterial disease is likely.
0.5 to 0.8	Apply no more than light (class 1) compression , as arterial disease is likely and compression may further compromise arterial blood supply.
> 0.8	Compression stockings are safe to wear.
> 1.3	Avoid compression , as high ABPI values may be due to calcified and incompressible arteries. Consider seeking a specialist vascular assessment.

The Toe Brachial Pressure Index (TPI)

The toe brachial index is the ratio between toe pressure and the highest of the two brachial pressures. The toe brachial index is reduced in relation to the severity of peripheral artery disease. The range of toe brachial index in normal and disease states is different than the ankle brachial index.

TPI	Assessment
> 0.7	Normal
0.5 to 0.7	Mild compression
0.35-0.5	Moderate
<0.35 and toe pressure 40mmHg	Moderate - Severe
<0.35 and toe pressure <30mmHg	Severe

Doppler waveform analysis is a fundamental part of evaluating peripheral arterial disease. Waveform characteristics are traditionally defined as multiphasic (triphasic, biphasic) and monophasic. <http://www.ultrasoundpaedia.com/normal-leg-arteries/>