

Bandages/Binders/ Anti-Embolism Stockings

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Bandages/ Binders/ Anti-Embolism Stockings

- Read Kozier & Erb Chapter 334
- Read Kozier & Erb Techniques Chapter #30 & pps. 418-420
- State purposes of bandages & binders
- Identify common types of bandages
- Identify basic guidelines for bandaging
- Identify purposes & contraindications of anti-embolic stockings

Bandages & Binders:

- A bandage is a strip of cloth used to wrap some part of the body
- Bandages are available in widths ranging from 0.5 to 3 inches
- Bandages are made from gauze, elasticized bandages
- Before applying a bandage, the nurse must know its purpose & assess the area requiring support

Purposes of Bandages:

- To create pressure over a body part (arterial puncture site)
- To immobilize a body part (sprained ankle)
- To support a wound (over a large incision)
- To reduce or prevent edema (breast binder)
- To secure a splint
- To secure a dressing

Principles of Application of Bandages:

- Elevate extremity for several seconds prior to application to reduce venous congestion
- Always wrap from distal to proximal direction (towards the heart to promote venous return)
- Each rotation should overlap previous lap by one half
- Use an equal amount of tension for each turn
- Following application, check distal body parts (hands, fingers, feet & toes) for numbness, pale or cyanotic color, absence of pulse to determine if bandage is too tight)

Types of bandage wraps:

- Circular-used to anchor bandages & terminate them
- Spiral-used to bandage parts of the body that have a uniform circumference (upper arms & legs)
- Spiral reverse-used to bandage cylindrical parts of the body that are not uniform in circumference (lower leg or forearm)
- Recurrent-used to cover distal parts of the body (stump of an amputation)
- Figure 8-used to bandage an elbow, knee or ankle, permitting some movement after application

**Bandages are often a combination of the above

Circular & Spiral Ace Wrapping:



Binders

- Used to support large areas of the body such as abdomen, arms, chest- made of elasticized net-like material
- Binders often are used as slings- made of muslin (cotton/ flannel)

Placement of Abdominal Binder:

- Position patient supine with head slightly elevated & knees slightly flexed
- Turn patient on side & fan-fold binder under patient
- Unfold binder & stretch out ends smoothly
- Binder should extend from just above symphysis pubis to just below costal margin
- Adjust binder so patient is centered
- Pull distal end of binder over center of patient's abdominal area
- Maintain tension on that end of binder while pulling opposite end over center & secure with velcro or pins

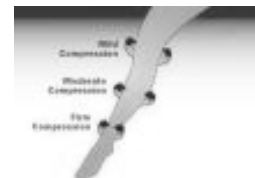
Abdominal Binders often prevent dehiscence:



Anti-Embolism Stockings (TED Stockings)

- **TED-** Thrombo Embolic Deterrent
- **Purposes-** applies graduated compression to promote increased blood flow velocity & reduces the incidence of thrombosis/ prevents DVT & PE
- **Size-** must fit properly (often package has tape measure inside)

Demonstration of the compression effect of TEDS:



Thigh-high & knee-high TED stockings



Contraindications for TED Stockings:

- ❑ Local conditions of the leg such as dermatitis, gangrene, or recent skin graft
- ❑ Severe arteriosclerosis or ischemic vascular disease
- ❑ Massive edema of the legs or pulmonary edema from CHF
- ❑ Extreme deformity of the leg

TED Stockings

- ❑ Knee high & mid thigh high stockings
- ❑ Should fit snug but not tight
- ❑ Used for limited mobility (bedrest), prolonged standing, post-operative patient, DVT prevention
- ❑ Assess pulses, skin condition (color/temperature), edema, distended veins, Homan's Sign (pain in calf with dorsiflexion- sign of DVT)
- ❑ Avoid folds or creases in stockings
- ❑ Remove 30-60 minutes every 8 hours
- ❑ Document application & removal of TEDS