

Skin and Wound Product Information Sheet

Classification		ubigrip (Lower Le		•		
Classification	Compression Therapy: Tubular Circumferential Compression					
Key Points	 specific inst Tubigrip for For Compression A physic the appl Follow H Tubigrip is a compression The therapy lower limb of circumferent highest (see Use a double NP. If using a double layer Prior to the 	 Tubigrip may be used for support of sprains, strains, soft tissue injury, post- burn scarring; specific instruction for these uses are not included in this sheet. This sheet guides the use of Tubigrip for the management of compression for venous or mixed arterial/venous conditions. For Compression Therapy A physician/NP order or clinical direction from a NSWOC/Wound Clinician is required prior to the application of lower leg venous or mixed arterial/venous compression therapy. Follow Health Authority/agency compression therapy policies/practice standard. Tubigrip is a tubular stocking containing latex which can provide the following range of compression therapy when a double layer is used; 5-15mmHg, 10-20mmHg and 20-30mmHg. The therapy provided is depended upon the size of the stocking, which is based upon the client's lower limb circumference measurement. For each Tubigrip size, the minimum limb circumference provides the lowest mmHg listed and the maximum circumference provides the highest (see table below). Use a double layer of stocking unless directed differently by NSWOC/Wound Clinician/Physician/ NP. If using a single layer, the compression provided is approximately half the pressure of a double layer. Prior to the first application, a Lower Limb Assessment (Basic & Advanced) is to be done; for the compression ranges of 5-15mmHg and 10-20mmHg, an ABPI test is useful but not required. For 				
	the compression range of 20-30mmHg, an ABPI test is to be done.					
	-	• Single-client-use only; product can be washed/reused until the stocking's elasticity is lost.				
Indications	 For clients who require mild compression therapy for the treatment of: Venous insufficiency with or without ulcer(s). Arterial/venous insufficiency with or without ulcer(s). Lymphedema with or without ulcers(s). Generalized edema. 					
Precautions	 Product contains latex. Very thin legs and boney prominences are susceptible to excessive pressure and tissue damage. Do not leave stocking pulled down or slouched around ankles as it may cause a tourniquet effect. 					
Contraindications	• Do not use i	 Do not use for clients with allergies to latex. Do not use in the presence of uncontrolled heart failure. Do not use in the presence of an untreated lower limb skin or wound infection. 				
Formats & Sizes				AND CONTRACTOR AND AND A		
	Tubigrip Size	Minimum - Maximum Calf Circumference Centimetres	Sub-bandage Compression			
	Α	10.0 – 14.5 cm	20 – 30 mm/H	g		
	В	14.5 – 29.0 cm				
	С	22.0 – 35.0 cm				
	D	26.0 – 40.0 cm	10 – 20 mm/H			
	E	29.0 – 46.0 cm	-	If calf measures 14.5cm, use Size A to provide 30mmHg of compression or use		
	F	35.0 – 53.0 cm		Size B for 10mmHg.		
	G	40.0 – 62.0 cm	5 – 15 mm/Hg			
		54.0 – 82.0 cm		stocking to provide compression closer to 20mmHg; use a Size C stocking to		
				provide compression closer to 10mmHg		
Application Directions				Rationale		
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Created by the British Columbia Provincial Nursing Skin and Wound Committee in	Provincial Health vancouver					
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 Select the size of bandage based on the calf measurements and the amount of compression needed. Determine the length of stocking needed: Measure from the base of the toes to 1-2 cm below the knee following the contours of the leg. Double this measurement (as per order). Add 2-3cm for the overlap. 						
Apply stocking in the early morning, if possible.	Edema should be minimal in the morning, making					
Wash or shower leg(s) with warm water. Moisturize intact skin with agency-approved moisturizer. Allow moisturizer to absorb and dry before applying the stockings. For initial application and then weekly: measure ankle circumference	it easier to put on the stocking. Cleansing removes dead skin and moisturizing resolves/prevents dry skin.					
10 cm from bottom of heel; measure calf circumference 30 cm from bottom of the heel. Apply an appropriate cover dressing if wound present.	This measurement gives a base-line assessment of the client's lower limb edema. Reassess measurements weekly.					
To Apply						
Apply stocking starting from the base of the toes and pull up towards the knee; stopping ~ 4cm below the knee.						
Double stocking back over limb ensuring the toes are exposed and that the second layer of stocking is taken 2-3cm higher up the limb than the first layer.	Doubling the stocking will provide the maximum compression therapy as per size of the stocking used for the circumference of the limb. If using a single layer, the compression provided is approximately half the pressure of a double layer.					
Ensure the top layer is at least two finger widths below the back of the knee. Smooth stocking to remove any wrinkles or creases.	Finishing the stocking 2-3 cm below the knee will prevent a tourniquet effect from occurring.					
To Remove	Check skip for any areas of processes initial					
Remove stocking (e.g., at bedtime) to allow for skin checks and provide skin care. Remove stocking by pulling it down the leg and over the foot.	Check skin for any areas of pressure injury. Skin care includes, cleansing to remove dead skin if needed, and moisturizing to resolve/prevent dry skin.					
Do not leave stocking pulled down or slouched around ankles.	Stocking left pulled down or slouched around ankles may cause a tourniquet effect.					
Frequency of Change						
The stocking should be hand washed daily in cold water and hung to dry. Client will need two sets of stockings to allow the alternate stocking to dry after washing. Reduction of edema will result in the stocking slipping. Re-measure the calf and select another size of stocking.	Washing will help to reset the elasticity of the					
Change the stocking when it loses its elasticity (4-6mths) or becomes soiled.	stocking. Reassess the wound's cover dressing if wound exudate seeps through to the stocking.					
Expected Outcome						
Measurable improvement in ankle & calf measurements within 1 week.						
For further information, please contact your NSWOC/ Wound Clinician.						