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	Effective Date:	06-30-2022
	Document Type:	Standard Operating Procedure
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	Department/Section:	Physical Medicine & Fitness Center
	Document Title:	JOBST INTERMITTENT COMPRESSION UNIT

PURPOSE:

To ensure that this modality is performed accurately for the utmost benefit of the client.

SCOPE:

Applies to all Physical Medicine & Fitness Center Staff of Dr. Pablo O. Torre Memorial Hospital (DPOTMH)


RESPONSIBLE PERSON:

PMFC Clerk, Physical Therapist, PMFC Supervisor

PROCEDURE:

1 For Admitted Patients:

- 1.1 Attending Physiatrist will evaluate patient and will note in the chart the PT program.
- 1.2 The Nurse on Duty (NOD) will call the PMFC clerk and inform the PT of the referral.
- 1.3 The PT in-charge will inform the NOD of the time the patient will be brought down to the PMFC via stretcher or wheelchair.
- 1.4 When the patient arrives at the Center, PT washes his/her hands.
- 1.5 PT checks the patient's vital signs.
 - 1.5.1 If the vital signs are unstable, hold the treatment temporarily.
 - 1.5.2 If the vital signs are stable, proceed with the treatment.
- 1.6 The PT will explain the procedure and purposes of the treatment to the patient.
- 1.7 PT places the patient in comfortable position with limb elevated approximately 45° and abducted 20°-70°.
- 1.8 Apply stockinet over the extremity. Be sure all wrinkles are removed.

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- 1.9 Place the appliance over extremity and attach the rubber tube to both the appliance and the compression unit.
- 1.10 Set the inflation and deflation ratio to approximately 3:1. Generally, for edema reduction 45-90 seconds on/15-30 seconds off for 20 minutes.
- 1.11 Turn the power on and slowly increase the pressure to the desired level.
 - 1.11.1 The patient's blood pressure determines the setting of the device. The pressure should be below the diastolic pressure of the patient. The patient should be comfortable during the treatment.

- 1.11.2 Numbness, tingling, pulse, or pain should not be felt by the patient during the treatment.


- 1.12 At the end of the treatment, turn off the unit, remove the appliance and stockinet. Inspect the skin.
- 1.13 Usually an elastic bandage or compression stocking is placed on the extremity to retain the reduction before a dependent position is allowed.
- 1.14 After the procedure, assist the patient back to the wheelchair or bed.
- 1.15 Check the patient's vital signs.
- 1.16 PT calls the information desk or pages directly the Auxiliary.
- 1.17 PT endorses the patient and his chart to the Auxiliary.
- 1.18 PT washes his/her hands.
- 1.19 PT charges in the computer the patient's treatment session.

2 For Out-patients (Walk-in):


- 2.1 The patient will arrange a medical check up with the Physiatrist.
- 2.2 Physiatrist will examine the patient's condition and prescribe medications and Physical Therapy treatment program.

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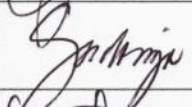
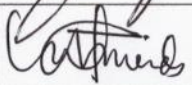





- 2.3 The patient will arrange with the Supervisor his/her Physical Therapy schedule. The supervisor will give the patient the time, days and the assigned Physical Therapist.
- 2.4 PT reads the patient's chart.
- 2.5 PT washes his/her hands.
- 2.6 PT checks the patient's vital signs.
 - 2.6.1 If the vital signs are unstable, hold the treatment temporarily.
 - 2.6.2 If the vital signs are stable, proceed with the treatment
- 2.7 The PT will explain the procedure and purposes of the treatment to the patient.
- 2.8 Place the patient in comfortable position with limb elevated approximately 45° and abducted 20°-70°.
- 2.9 Apply stockinet over extremity. Be sure all wrinkles are removed.
- 2.10 Place the appliance over the extremity and attach the rubber tube to both the appliance and the compression unit.
- 2.11 Set the inflation and deflation ratio to approximately 3:1. Generally, for edema reduction 45-90 seconds on/15-30 seconds off for 20 minutes.
- 2.12 Turn the power on and slowly increase the pressure to the desired level.
 - 2.12.1 The patient's blood pressure determines the setting of the device. The pressure should be below the diastolic pressure of the patient. The patient should be comfortable during the treatment.
 - 2.12.2 Numbness, tingling, pulse, or pain should not be felt by the patient during the treatment.
- 2.13 At the end of the treatment, turn off the unit, remove the appliance and stockinet. Inspect the skin.


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- 2.14 Usually an elastic bandage or compression stocking is placed on the extremity to retain the reduction before a dependent position is allowed.
- 2.15 After the procedure, assist the patient back to the wheelchair or bed.
- 2.16 Check the patient's vital signs.
- 2.17 PT calls the information desk or pages directly the Auxiliary.
- 2.18 PT washes his/her hands.
- 2.19 PT charges in the computer the patient's treatment session.

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KEY TASKS	PERSON RESPONSIBLE
<i>For Admitted Patients</i>	
1. Evaluates patient and notes in the chart the PT program.	Physiatrist
2. Calls the PMFC clerk and inform the PT of the referral.	Nurse-on-duty
3. Informs the NOD of the time the patient will be brought down to the PMFC via stretcher or wheelchair.	Physical Therapist
4. Checks the patient's vital signs and explains the procedure and purposes of the treatment to the patient.	
5. Places the patient in comfortable position with limb elevated approximately 45° and abducted 20°-70°.	
6. Applies stockinet over the extremity. Be sure all wrinkles are removed.	
7. Places the appliance over extremity and attach the rubber tube to both the appliance and the compression unit.	
8. Sets the inflation and deflation ratio to approximately 3:1.	
9. Turns the power on and slowly increase the pressure to the desired level.	
10. Turns off the unit at the end of the treatment, removes the appliance and stockinet. Inspect the	




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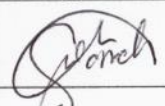
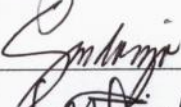
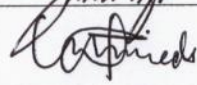


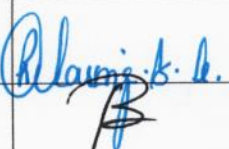


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skin.	
11. Assists the patient back to the wheelchair or bed and checks vital signs.	
<i>For Out-patients (Walk-in)</i>	
12. Examines the patient's condition and prescribes medications and Physical Therapy treatment program.	Physiatrist
13. Reads the patient's chart and checks vital signs.	Physical Therapist
14. Explains the procedure and purposes of the treatment to the patient.	
15. Places the patient in comfortable position with limb elevated approximately 45° and abducted 20°-70°.	
16. Applies stockinet over extremity. Be sure all wrinkles are removed.	
17. Places the appliance over the extremity and attaches the rubber tube to both the appliance and the <i>compression unit</i> .	
18. Sets the inflation and deflation ratio to approximately 3:1.	
19. Turns off the unit at the end of the treatment, removes the appliance and stockinet. Inspect the skin.	
20. Assists the patient back to the wheelchair or bed and checks patient's vital signs.	

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	Name/Title	Signature	Date
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	JOHN ANDREW B. SANCHEZ, MD, FPARM Physiatrist		7/11/22
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	FREDERIC IVAN L. TING, MD OIC-Total Quality Division		7/18/22
Final approved by:	GENESIS GOLDI D. GOLINGAN President & CEO		7/10/22



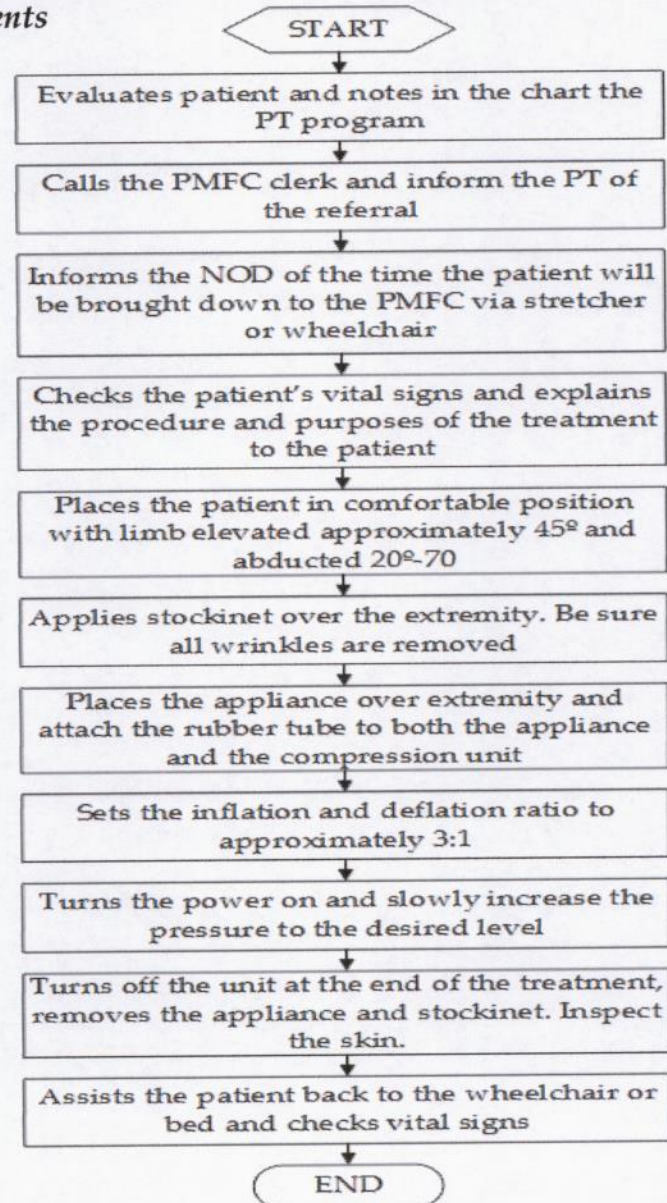
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FLOWCHART

For Admitted Patients





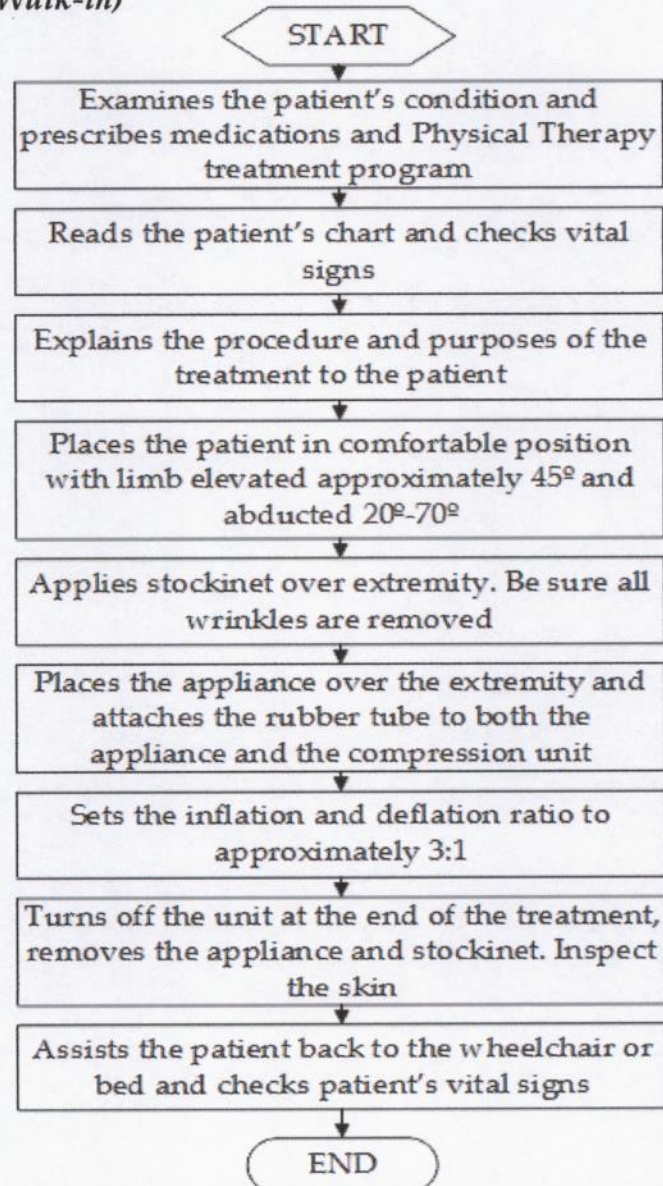
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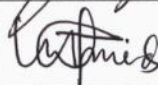

FLOWCHART

For Out-patients (Walk-in)



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