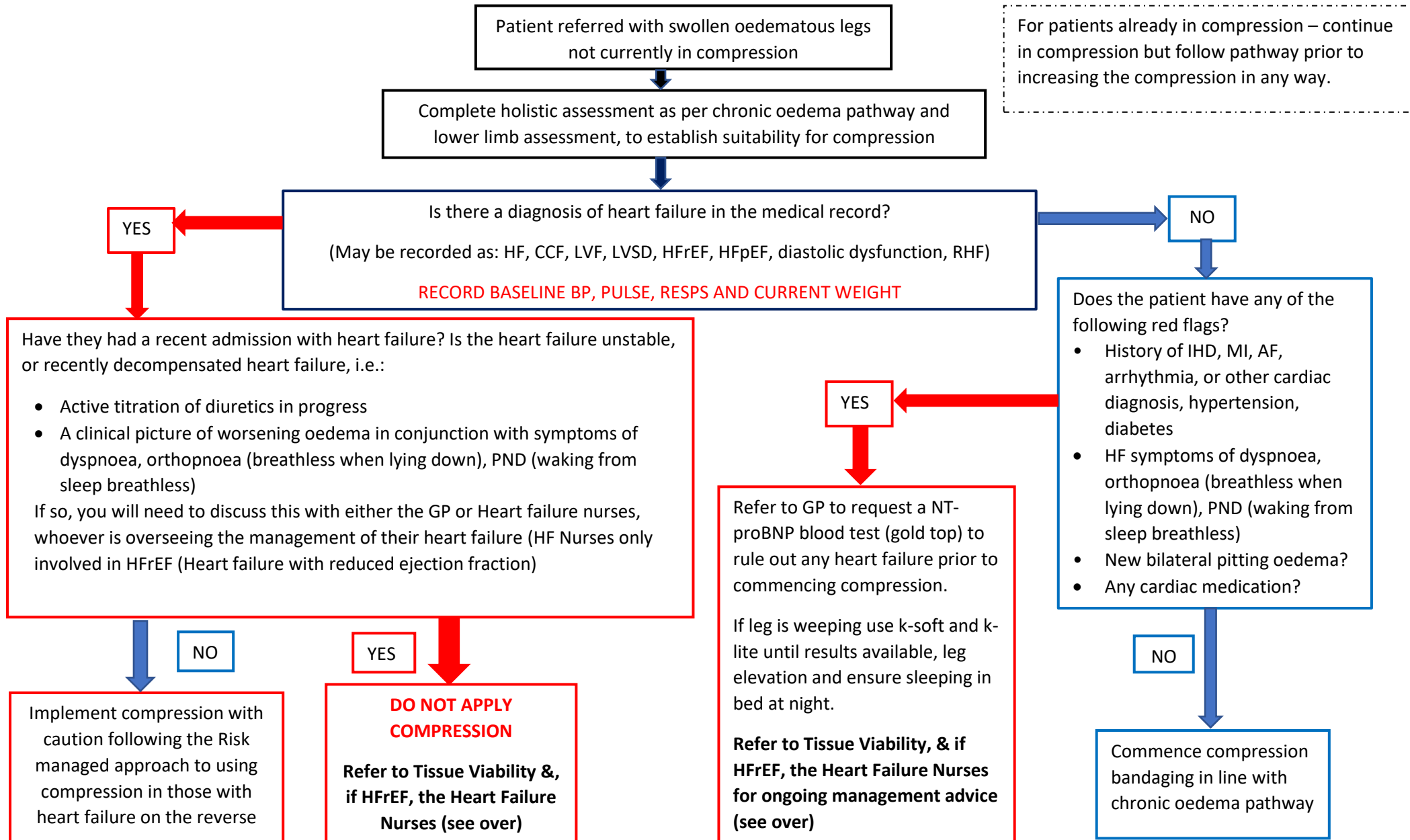


Heart Failure and Compression Therapy Pathway



Heart Failure and Compression Therapy Pathway

Risk managed approach to using compression in those with heart failure

Only to be followed as indicated on the Heart failure and compression therapy pathway.

This risk managed approach takes a step-by-step approach in conjunction with close monitoring of the impact on heart failure symptoms.

To enable detection of any change baseline observation of: BP, Pulse, respiratory rate and weight

Compression is started gently and increased in stages with respect to:

1. One leg up to both legs
2. Below knee up to thigh length (if appropriate)
3. Light compression (K-Lite), up to reduced compression (20 mmHg), and then full compression (40 mmHg), also taking into consideration the outcomes of the Holistic LLA/doppler.

Compression should be introduced at the beginning of the week and not prior to the weekend when only out of hours services will be available. Likewise aim for application at the beginning of the day. This is in case of any worsening of symptoms, so patients can contact their regular clinicians for advice.

Make sure the patient can either call for help or has someone able to monitor them and call for help if symptoms worsen.

Monitor for any worsening:

- Shortness of breath (at rest or on exertion)
- Cough
- Orthopnoea
- Paroxysmal nocturnal dyspnoea
- Weight gain (4 lbs/2 kgs in a 3 day period)
- Limb reduction without weight reduction

Examples of compression:

Light support (similar to crepe bandage) - K-lite

20 mmHg – Ko-Flex/KTwo reduced or single layer of Actico in Limb 25cm at the ankle

40 mmHg – Single layer Actico with ankles <25cm, double layer Actico with ankle >25cm, K Two, Hosiery Kit, Coban 2 bandages, JUZO ACS light wrap garments

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