

#37 - APPLYING ELASTIC STOCKINGS**(Partner Check-Off)**

I acknowledge I have physically practiced and successfully learned the following skill(s):

Student: _____ **Date:** _____

	P1	P2	P3	Comments
1. Gathered necessary equipment and supplies.				
2. Performed hand hygiene.				
3. Provided for patient privacy.				
4. Introduced self to patient and family.				
5. Verified health care provider's orders for elastic stockings.				
6. Identified patient using two identifiers.				
7. Explained procedure to patient and reason for wearing elastic stockings.				
8. Placed patient in appropriate position, raised bed to comfortable working height.				
9. Elevated patient's legs and feet before applying stocking if necessary.				
10. Assessed leg for scratches and cut, ensured legs are warm, assessed pedal and popliteal pulses; evaluated patient for risk factors and Virchow's triad.				
11. Took measurement, obtained appropriately sized stockings.				
12. Bathed and dried legs if needed, applied powder or cornstarch in accordance with agency policy.				
13. Turned stocking inside out properly.				
14. Placed foot of stocking over patient's toes, ensured stocking was smooth.				
15. Slid remaining stocking over patient's foot, kept toes covered, ensured stocking fits and heel is in heel pocket.				
16. Slid stocking up until fully extended, ensured stocking was smooth, instructed patient to avoid rolling stockings down, repeated on other leg.				

17. Helped patient into comfortable position, placed personal items within reach.

18. Placed call light within reach, ensured patient knows how to use it.

19. Raised side rails and lowered bed to ensure patient safety.

20. Disposed of used supplies and equipment; left patient's room tidy.

21. Removed and disposed of gloves; performed hand hygiene.

22. Documented and reported patient's response and outcomes.

23. Removed stockings once per shift to assess irritation, washed and dried stockings as necessary.

S = Satisfactory **U** = Unsatisfactory **NP** = Not Performed * = Must Perform to Pass

By signing below I acknowledge that I witnessed the skill performed and the student successfully passed the skill.

Practice 1: Evaluator: _____ Signature: _____

Practice 2: Evaluator: _____ Signature: _____

FINAL Student Evaluator: _____ Signature: _____