

**● SKILL SNAPSHOT****Purpose**

- Intermittently compresses the legs to promote venous return and reduce venous stasis and VTE risk.

**When to use**

- Ordered for immobile or perioperative patients, often with other VTE prevention measures.

**Supplies needed**

- SCD pump; correctly sized sleeves; tubing; power source; skin barrier/dressing if ordered.

**● PREP + PATIENT SETUP**

- Verify order, limb selection, size, and contraindications.
- Assess skin, pulses, cap refill, temperature, sensation, edema, pain, and DVT symptoms.
- Explain cycling sensation and importance of

**● VAULT TIP**

- At every room entry, look for three things: sleeves on, tubing connected, pump cycling.

**● STEP-BY-STEP**

1. Hand hygiene; identify patient; position supine or seated safely.
2. Choose correct sleeve size and orientation; place sleeves on clean, dry legs.
3. Align tubing ports as designed. Wrap sleeves snugly so fingers fit beneath; avoid folds and pressure on tubing.
4. Connect sleeve tubing to pump, then connect power.
5. Turn pump on and select/confirm prescribed mode and pressure according to device and policy.
6. Observe at least one full inflation-deflation cycle. Verify both sleeves inflate and alarms are cleared.
7. Keep tubing unkinked and away from entrapment or trip hazards.
8. Reassess comfort, skin, pulses, cap refill, color, warmth, sensation, and edema after application and at policy intervals.
9. Ensure sleeves are on and pump is operating whenever the patient is in bed/chair, except for ordered breaks, ambulation, hygiene, and skin checks.
10. Remove sleeves at ordered intervals for full skin inspection and hygiene; reapply promptly.
11. Encourage ankle pumps, mobility, hydration if allowed, and adherence to all ordered prophylaxis.
12. If DVT is suspected, stop manipulation, assess, and notify provider promptly.

**● SAFETY REMINDERS**

- Do not place over suspected/known acute DVT unless specifically directed.
- Use caution/verify orders with severe PAD, fragile skin, wounds, major edema, or heart failure.
- Remove for new pain, numbness, coolness, color change, or skin injury.
- SCDs prevent stasis only while worn and cycling.

**● COMMON MISTAKES**

- Leaving sleeves on but pump off.
- Wrong size, loose wrap, folds, or kinked tubing.
- Removing for long periods after care.
- Placing tubing under the patient.

**● DOCUMENTATION**

- Sleeve size/site and pump settings.
- Time applied/removed and operating status.
- Skin and neurovascular assessments.
- Patient tolerance and adherence.
- Teaching, alarms, interventions, notifications.