

# Assessment of Competency:

## Practical Application of Safe Soft Lower Leg Bandaging Technique

<b>Name:</b> .....	<b>There is an expectation with all competencies that you will be able to articulate underpinning anatomy and physiology including compression theory.</b>			
Competency	Date of Education received and over 80% pass achieved	Date application observed	Date application supervised	Date application supervised in practice (if required)
Attended Skin Integrity Champion session or Wound Care Alliance Training and achieved >80% in post- course questionnaire within past 2 years.				
Gains informed consent from patient.				
Cleanses the leg(s) at each dressing change and applies emollient in accordance to local policy.				
Applies a tubular bandage from the toes to the knee ensuring the tubular bandage is long enough to cover the lower limb from the toes to knee and is not too tight.				
Flexes the foot at a 90 degree angle and applies wadding bandages from the base of the foot (leaving the toes uncovered). Applying two turns above the toes to secure the bandage and continues in a spiral motion overlapping by 50%, stopping two fingers width from the back of the knee. Ensures any foot deformities and/or vulnerable points are protected from excessive pressure by using the wadding to shape the leg.				
Applies k-lite from the toes just above the wadding in a spiral motion overlapping by 50%. Stopping just below the wadding at the back of knee (two fingers width), cutting off any excess and securing with tape.				
Checks the circulation by pressing on a nailbed to establish capillary refill.				
Advise the patient how to monitor and care for lower leg bandaging.				
<b>Declaration of Competence:</b> I declare that I have undertaken a period of supervised practice with a suitably qualified practitioner. I have demonstrated a clear ability to apply the UργοKTwo compression system safely identifying the underpinning theoretical knowledge.  <b>Mentee:</b> ..... <b>Date:</b> ..... <b>Mentor:</b> ..... <b>Date:</b> ..... <b>Mentee:</b> ..... <b>Date:</b> ..... <b>Mentor:</b> ..... <b>Date:</b> .....	<b>Approved Competence:</b>  <b>Name of SIT Nurse:</b> .....  <b>Signature of SIT Nurse:</b> .....  <b>Date:</b> .....  <b>3 year review date:</b> .....			