

Assessment of Competency: Practical Application of Compression Bandaging: UrgoKTwo

Name:	There is an expectation with all competencies that you will be able to articulate underpinning anatomy and physiology including compression theory.			
Competency	Date of Compression Champion Training and over 80% pass mark 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.				
Demonstrates knowledge of the significance of limb assessment prior to application of compression and is able to clearly explain this.				
Demonstrates knowledge of limb reshaping or additional protection if required within the UrgoKTwo systems: 1) required limb shape 2) areas requiring protection eg. tendons at joint of lower leg and foot				
Demonstrates knowledge of significance of measuring the ankle circumference, to include position, when to measure, anatomical landmarks and subsequent regularity.				
Demonstrates knowledge of appropriate UrgoKTwo system to use, once limb has been assessed appropriate to ankle circumference and ABPI.				
Demonstrates knowledge of ideal limb position required in order to apply the compression bandage e.g. foot flexed to 90 degrees and the issues of manual handling.				
Demonstrates an ability to accurately apply KTech to include positioning, overlap, technique and tension with reference to the Pressure Indicator.				
Demonstrates an ability to accurately apply KPress to include positioning, overlap, technique and tension with reference to the Pressure Indicator.				
Declaration of Competence 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 UrgoKTwo compression system safely identifying the underpinning theoretical knowledge. Mentee: Date: Mentor: Date:	Approved Competence: Name of SIT Nurse: Signature of SIT Nurse: Date: 3 year review date:			