



## Compression Garment Care Plan

### Goals of Care

- Reduce edema and prevent progression of lymphedema/venous disease.
- Improve lymphatic drainage and venous return.
- Prevent ulceration, cellulitis, and skin breakdown.
- Improve comfort, function, and quality of life.
- Encourage daily compliance and proper hygiene.

### Patient Education Provided

- Purpose of compression garment
- How and when to apply garment
- Donning aids discussed (if applicable)
- Skin inspection techniques
- Care and cleaning instructions
- When to report issues (e.g., tightness, redness, open skin)
- Replacement schedule (every 6 months recommended)
- Insurance coverage per Lymphedema Treatment Act or private insurance policies

### Cleaning Instructions

- Wash daily by hand or gentle machine cycle with mild detergent.
- Use cold water- never hot.
- Do not bleach or use fabric softener.
- Lay flat to dry. Do not wring or machine dry.
- Rotate between two pairs if possible.
  - Patient provided cleaning instructions
  - Verbal review completed
  - Written copy given
  - Demonstrated by staff

## Compliance Monitoring

- Patient encouraged to wear garment daily during waking hours
- Remove during sleep unless instructed otherwise (e.g., night garment)
- Follow-up every 6 months or as needed
- Replacement schedule:  Jan-June  July-Dec
- Discussed that Insurance may cover 3 pairs every 6 months

## Supplier Notes

- Garment dispensed per physician order
- Proper fit verified at time of delivery
- Skin tolerance and comfort confirmed
- Return instructions reviewed
- Patient encouraged to call with concerns
  - Garment photographed on patient (if applicable)
  - Patient signed delivery confirmation

## Follow-Up Plan

- Schedule home health/PT/CLT referral if needed
- Patient scheduled for refitting in: \_\_\_\_\_ months
- PCP/specialist follow-up in: \_\_\_\_\_
- Notify supplier of any skin changes, wounds, or infections

**Please contact your equipment provider for any questions, adjustments, or repairs.**

**Provider Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_



**EDUCATION**

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All Medicare DMEPOS suppliers must be in compliance with CMS Supplier Standards in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. pt. 424, sec 424.57(c). A supplier must disclose these standards to all customers/patients who are Medicare beneficiaries (standard 16). Supplier Standard 12 includes "A supplier ...must instruct beneficiaries on use of Medicare covered items".

## Sample Care Plan

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Fitting: \_\_\_\_\_ Clinician/Fitter: \_\_\_\_\_  
Garment Type:  Ready-to-Wear  Custom  Night Garment  Velcro Wrap Style:  Knee High  Thigh High  Capri  Pantyhose  Glove  Sleeve  Foot Piece Toe Style:  Open  
 Closed Compression Level:  20-330 mmHg  30-40 mmHg Diagnosis: \_\_\_\_\_ ICD-10 Code(s): \_\_\_\_\_ Prescribing Physician Name: \_\_\_\_\_  
Notes: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please contact your equipment provider for any questions, adjustments, or repairs.

Provider Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_