



Lymphedema 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 or lukewarm 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 Medicare covers daytime (3 units every 6 months) and nighttime (2 units every 2 years)

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: _____
Manufacturing Type: Ready-to-Wear Custom Garment Type: Daytime Garment Night Garment Adjustable Wrap Upper Extremity: Right Left Bilateral Breast Lower
Extremity: Right Left Bilateral Genital Lymphedema Presentation: Foot Calf Knee Thigh Genital Hand Arm Head/Neck Truncal Breast Toe Style: Open
 Closed Compression Level: 20-330 mmHg 30-40 mmHg Diagnosis: _____ ICD-10 Code(s): _____ Prescribing Physician Name: _____
Notes: _____

Clinician Signature: _____ Date: _____

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Contact Person: _____

Phone #: _____