

Protocol: Suggested Wearing Schedule

Boots: Bed Boots and Ambulation Boots

Always follow Wearing schedule per therapy or physicians order.

A frequently followed schedule:

- Begin with 1 hour on
- Remove and assess
- Reapply if no redness, edema or pain is noted
- Increase wearing time by 30 – 60 minutes (on / off as tolerated until maximum time reached)
- Remove at least once per shift for assessment

LAUNDRY INSTRUCTIONS

NOTE: Ambulation Boot Only; remove ambulation pad by popping out the Fast-LOCK rubber donuts on the bottom and unscrewing the round nuts.

LINER:

- Separate liner from KYDEX Shell
- Remove Toe Post Cover
- Fasten all hook and loop Velcro closures
- Place in mesh laundry bag
- Machine wash warm – NO BLEACH
- Rinse thoroughly
- Tumble dry on warm setting

KYDEX SHELL, Anti-Rotation Bar and Toe Post and Ambulation Pad:

- Clean with a mild detergent and rinse thoroughly
- Hand Dry with soft cloth before reuse

NURSING CARE PLAN

BED BOOTS AND AMBOOTS

Patient :
Room # :
Date:

DIAGNOSIS

- Plantar Flexion Contracture
- Plantar Fasciitis – ICD-9 Code 728.71
- Heel Decubitus
- Impaired mobility
- Hip Rotation or Hip Adduction
- Other _____

NURSING INTERVENTION

1. Range of motion or LIMIT per facility protocol / physician's order.
2. Apply Boot to affected extremity Left Right
3. Follow fitting instructions. Assure proper application.
4. Document fitting and patient response and progress.
5. Check patient at least once every shift.
6. Establish wearing schedule and rehab.

WEARING SCHEDULE

Hour(s) on _____ Hours(s) off _____

EXPECTED OUTCOME

1. Increase ROM (Range of Motion).
2. Treat/correct contracture.
3. Maintain skin integrity.
4. Increase mobility.
5. Increase patient comfort.