# *PROCEDURE*

ORIGINAL DATE: 01/94
**Reviewed Date: 06/05**

**SUBJECT: UNNA BOOT, APPLICATION OF AN**

PURPOSE: To provide guidelines for the application of an Unna boot; to promote healing of conditions such as venous stasis ulcers or stasis dermatitis by exerting even pressure on the veins of the affected extremity while protecting them from additional trauma.

**CONSIDERATIONS**

1. An Unna boot is a continuous bandage impregnated with zinc oxide, calamine and gelatin. It is used for various conditions of the lower extremities, such as varicose ulcers, when protection and support are needed. The application of an Unna boot will be performed in accordance with the physician's plan of care.
2. The patient must have an ABI of 0.8 or greater OR sufficient arterial circulation for compression must be documented by the physician.
3. Storage: store at below 86 degrees F. Avoid freezing.
4. The boot should be applied in a "pressure gradient manner" - that is, more pressure should be applied at the foot ankle and lower third of the leg, with progressively diminishing pressure over the upper two-thirds of the leg.
5. At no time should the bandage be given a reverse turn. The ridges formed by reverse turns may cause discomfort and pressure as the bandage hardens.
6. Each turn should overlap one-half of the preceding turn.
7. This procedure is contraindicated if the patient is allergic to any of the ingredients in the paste.
8. If skin sensitivity to the product or development of irritation occur, the boot should be discontinued and the physician consulted.

| **Necessary Equipment** |
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| Clean gloves |
| Commercially prepared Unna Boot |
| Warm water and soap or prescribe solution |
| Gauze |
| Kling |
| Waste Bag |

| *Procedure* | *Rationale* |
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| 1. Wash hands | To prevent cross contamination |
| 2. Put on examination gloves | To prevent soiling of hands with exudate. |
| 3. Explain procedure to patient | To gain cooperation and reduce fear |
| 4. Cleanse area with warm water and prescribed soap/or cleanse as prescribed by physician. | |
| 5. Rinse well. Pat dry gently with gauze. | To prevent irrigation and damage to newly formed cells. |
| 6. Keep foot at right angle. | To minimize chafing. |
| 7. Start wrapping at the using metatarsal heads using figure-eight turns. Make sure each turn overlaps the previous one by half the width of the bandage. | |
| 8. Continue wrapping the patient's leg using firm, even pressure. While applying the wrapping, mold the bandage with the free hand to make it smooth and even. | This ensures a flat surface. |
| 9. If a turn does not fit snugly, either cut the edge with scissors or cut bandage off and start a new turn. End the cast 2" below the knee. | To prevent bandage from slipping toward.<br>To avoid constriction. |
| 10. Instruct the patient to remain in bed with leg positioned and elevated on a pillow until the paste dries (about 30 minutes). | |
| 11. The dressing should be changed when drainage is evident on the outside or per physician order. Usual frequency is every 3-7 days dependent upon ulcer size, depth, and amount of drainage. | To prevent contamination by infective agents. |
| 12. The Unna boot is removed by unwinding or cutting it with bandage scissors. | |
| 13. Dispose of Unna boot in a double plastic bag. | |
| 14. Remove gloves and wash hands. | |

| *Procedure* | *Rationale* |
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| 15. Patient teaching:<br>a. The patient and/or caregiver should be taught to remove the Unna boot if it is so tight that pain, swelling, discoloration, numbness or coolness occur or to call HHVNA immediately for a visit.<br>b. Signs and symptoms to report to medical personnel should be taught: pain, swelling, discoloration, numbness, increased drainage, odor, S&S infection, fever.<br>c. Normal care of the skin of lower extremities and feet:<br>1. early warning signs to report;<br>2. positioning of legs to prevent dependent edema, constriction, pressure. | To prevent tissue damage.<br>So that appropriate action may be instituted in a timely fashion.<br>Prevention |
| 16. Documentation should include the position and size of the ulcer, a description of the surrounding tissue, a description of the exudate, the cleaning protocol, application of the Unna boot, patient response to treatment, teaching and the response of the patient or caregiver to teaching. | |