Lesson 59: Applying a Cold, Dry Compress

I. Introduction
   A. Cold, dry compresses will relieve inflammation and swelling, control bleeding and relieve pain.
   B. Cold therapy treatments are administered for approximately 15 to 20 minutes, usually 2 to 3 times per day per order of the physician or at the discretion of a licensed nurse in an emergency situation requiring first-aid treatment.
   C. The goal of cold therapy is:
      1. reduction of acute swelling.
      2. relief of pain.
      3. promotion of soft tissue healing.
   D. Indications for the use of cold therapy include:
      1. the affected area is hot, swollen and painful.
         Examples: sprained ankle, acute arthritis, gouty arthritis.
      2. to reduce the swelling of a new injury as a means of first-aid.
   E. Precautions for the use of cold therapy include:
      1. If the resident has heart disease or hypertension, it is advisable to consult the nurse before application.
      2. If there is any discomfort (for example, numbness or burning) during the application, STOP immediately. Seek assistance from the nurse.
      3. If in doubt – seek further instruction from the nurse.
   F. Contraindications for the application of cold therapy may include the following conditions:
      1. deep vein thrombosis
      2. peripheral vascular disease
      3. skin sensation impairment (diabetic residents)
      4. severe cognitive impairment (dementia)
      5. sensitivity to the cold
      6. after cold application, it is normal to have temporary numbness of the applied area. If there is persistent numbness, pain or severe discomfort, seek the assistance of the nurse promptly.
   G. Equipment utilized may include a commercially prepared cold-pack that does not require ice. If utilized, refer to manufacturer’s instructions regarding activation. If ice is to be used, an ice bag or collar covered with a fitted cover or towel shall be utilized.

II. Procedure
   1. Fill ice bag or collar halfway with crushed ice. Squeeze the device to expel air, fasten the cap and wipe away any moisture on the outside of the bag/collar.
   2. Bring equipment to the bedside and screen the resident’s bed.
   3. Perform INITIAL STEPS.
   4. Assist the resident to an appropriate position and expose the area to be treated. **IMPORTANT:** Do not unnecessarily expose the resident. Expose only the area to be treated to avoid chilling the resident.
   5. Wrap ice bag or collar in towel or cloth and secure with tape. **IMPORTANT:** Do not use pins to secure the wrapping.
   6. Apply device to the treatment site and leave in place for prescribed time. Refill bags as needed. **IMPORTANT:** If resident complains of numbness or a burning sensation, discontinue treatment immediately and notify the nurse. If you must leave the resident with the cold compress in place, leave call light within easy reach.
   7. Observe the resident’s skin frequently beneath the device. If skin appears blanched or cyanotic, discontinue treatment immediately and notify the nurse.
   8. When treatment is complete, remove ice bag or collar and check to be certain the resident’s skin is dry.
   9. Make certain the bed is dry and in order.
   10. Perform FINAL STEPS.

NOTES: