

Checklist: Apply Warm/Cold Therapy

| Apply Warm/Cold Therapy | Able to Perform | Unable to Perform |
|---|--------------------------|--------------------------|
| 1. Carry out initial procedure actions according to facility policy, including hand hygiene, patient identification, explanation of the procedure, privacy, and patient safety. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Review the patient's care plan and physician or licensed provider orders for type, location, duration, and precautions related to warm or cold therapy. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Assess the patient's skin condition, circulation, sensation, cognitive status, and ability to report discomfort before applying therapy. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Gather necessary supplies including warm or cold pack, protective covering or towel, gloves if indicated, timer, and PPE if required. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Verify that warm or cold therapy equipment is intact, functioning properly, and at the appropriate temperature according to facility policy. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Provide privacy by closing doors, curtains, or privacy screens. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Position the patient comfortably while maintaining dignity and proper body alignment. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Perform hand hygiene and apply gloves if indicated before beginning the procedure. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Inspect the treatment area for redness, swelling, bruising, open skin, impaired circulation, or contraindications before therapy application. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Place a protective barrier such as a towel or cloth between the patient's skin and the warm or cold source to prevent skin injury. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Apply warm or cold therapy to the ordered area according to facility policy and provider instructions. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Ensure the therapy device or pack is secured comfortably without excessive pressure or restriction of circulation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Instruct the patient to report pain, numbness, burning, excessive discomfort, dizziness, or other unusual sensations immediately. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Monitor the patient's skin condition, circulation, comfort level, and tolerance throughout the therapy application. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Limit therapy duration according to facility policy and provider orders to prevent tissue injury. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Remove the warm or cold application carefully after the prescribed time period. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Reassess the treatment area for redness, pallor, swelling, blistering, skin breakdown, or adverse reactions after therapy removal. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Ensure the patient is comfortable and repositioned safely after the procedure with call light and personal items within reach. | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Dispose of single-use supplies and clean reusable equipment according to infection prevention and facility policy. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Remove gloves if used and perform hand hygiene after completing the procedure. | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Report abnormal findings including pain, skin injury, impaired circulation, adverse reactions, or patient intolerance to the supervising nurse promptly. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Document the type of therapy applied, location, duration, patient tolerance, skin assessment findings, and abnormal observations according to Oregon standards and facility policy. | <input type="checkbox"/> | <input type="checkbox"/> |