

## Rancho Los Amigos National Rehabilitation Center DEPARTMENT OF NURSING CLINICAL POLICY AND PROCEDURE

SUBJECT: BINDERS: APPLICATION OF Policy No.: C106.12
ABDOMINAL BINDER Effective Date: 07/1999

Page: 1 of 1

**Purpose:** To prevent orthostatic hypotension, improve respiratory function while sitting and provide trunk support.

Physician's Order Required: No

Performed By: RNs, LVNs, CNAs, SNWs, PTs, OTs, RAs, Affiliating Nursing Students under the supervision of a

licensed nurse

Equipment Required: Abdominal binder

## **Procedural Steps:**

1. Ensure to have the appropriate size binder.

**Key Point:** For accurate fit, take the measurement around the largest part of the patient's abdomen and the length of the patient's torso.

- 2. Prior to application, explain the purpose of the abdominal binder to patient/family.
- 3. Perform hand hygiene and comply with standard precautions as needed.
- 4. Position patient in supine position with head slightly elevated and knees slightly flexed.

**Key Point:** This position decreases tension on the abdomen

- 5. Observe skin prior to application. If breakdown is present, protect area before application and notify the practitioner. Perform wound care if needed.
- 6. Accordion-fold one-half of the binder, slip it under the patient, and pull through from the other side. Overlap one side snugly onto the other and close the Velcro closure, starting at the end of the lower edge.
- 7. Check proper placement of the abdominal binder by ensuring:
  - a) One finger space under the binder's edge to ensure a snug fit but is loose enough to avoid impaired circulation or discomfort.
  - b) Upper edge of binder is below the lower edge of the rib cage to prevent restriction of movement of the diaphragm and ribs.
  - c) Lower border of the binder extends below the patient's hip.

**Key Point:** Ensure the binder is straight, wrinkle-free, and evenly distributed, as wrinkles may cause impaired skin integrity.

## **PATIENT EDUCATION:**

- 1. Explain the purpose and care of the abdominal binder.
- 2. Explain how to perform skin inspections and what to report concerning untoward reactions.

## **DOCUMENTATION:**

Document in Electronic Health Record

**REVIEWER:** Julie Villalobos MSN, RN

SUBJECT: Binders: Application of Velcro Binder Policy No.: C106.12

Page: 2 of 2

**REFERENCES:** Lippincott Procedures (2022). Abdominal Binder Application.

07/99 – Revised 11/04 - Revised 09/07 – Revised 12/13 – Revised 08/19 - Revised 05/02 – Revised 06/05 – Revised 01/11 – Revised 10/16 – Revised 10/22 - Revised