



## NZWCS Venous Ulcer Clinical Pathway

A clinical pathway is an optimal sequencing and timing of interventions by clinicians for a particular diagnosis or procedure.

The NZWCS venous ulcer pathway predicts the course of events in the treatment of patients with diagnosed venous leg ulcers. The events are specified on a time line, and all incidents, actions and interventions are identified that were required to meet the expected outcomes.

The NZWCS venous ulcer pathway sets nationally agreed clinical standards, based on the best available evidence from several groups including the New Zealand Guidelines Group. ([www.nzgg.org.nz](http://www.nzgg.org.nz)) The pathway also forms the patients record and allows the care given by members of the multidisciplinary team, together with the progress and outcomes, to be documented. Initial assessment for admission onto the pathway is included.

Variations from the pathway are recorded and analysis allows a continuous evaluation of the effectiveness of clinical practice. Information thus obtained is used to revise the pathway to improve the quality of patient care. Pathways focus on who, what and when. The NZWCS pathway will provide a model for national analysis on venous ulcer management, complications, outcomes and resources. It is anticipated it will compare outcomes from different practice settings, treatment options, and demographic groups.

### **Variance**

When a patient is on a pathway, data on key variance are recorded and are entered into a local (or national?) database, to identify differences in practice, and complication rates. Variance are given a code to simplify data analysis and include deviations from expected outcomes. It is not possible to include all variance as this would be too difficult to manage, but suggested variance for the NZWCS pathway include:

<b>Code</b>	<b>Variance</b>
P	= Changes in level of pain
M	= Changes in medication
S	= Skin changes
NU	= New ulcer development
I	= Infection
D	= Death
A	= Amputation
C	= Compliance issues
A	= Allergies
SP	= Access to service provision
	SP1. Geographical location
	SP2. Lack of funding
	SP3. Lack of (trained ) provider
	SP4. Wait listed
	SP5. Other (specify) .....
CA	= Changed aetiology
HIC	= Health provider initiated change
R	= Referral to specialist services
HS	= Change in health status

\* Information on the different types of compression therapy and their application can be found in the draft [Australia and New Zealand Clinical Practice Guideline for Prevention and Management of Venous Leg Ulcers](http://www.nzwcs.org.nz/images/stories/files/VLUG_Consultation/guideline_draft_for_pub_consult.pdf), page 30-32  
 ([http://www.nzwcs.org.nz/images/stories/files/VLUG\\_Consultation/guideline\\_draft\\_for\\_pub\\_consult.pdf](http://www.nzwcs.org.nz/images/stories/files/VLUG_Consultation/guideline_draft_for_pub_consult.pdf))

Patient Label
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**CLINICAL PATHWAY FOR VENOUS ULCER**

**Variance Codes for Venous Ulcer Pathway**

- P = Changes in level of pain
- M = Changes in medication
- S = Skin changes
- NU = New ulcer development
- I = Infection
- D = Death
- A = Amputation
- C = Compliance issues
- AL = Allergies
- SP = Access to service provision
  - SP1. Geographical location
  - SP2. Lack of funding
  - SP3. Lack of (trained ) provider
  - SP4. Wait listed
  - SP5. Other (specify) .....
- CA = Changed aetiology
- HIC = Health provider initiated change
- R = Referral to specialist services
- HS = Change in health status

**Variance Record**

Date & Sign	Code	Action Plan	Review Date	Outcome	Date & Sign

**CLINICAL PATHWAY FOR VENOUS ULCER**

Key: • X = Variance • Initial every block on each Shift	Week 1			V	Notes/Variance	Sign
<b>Wound Size</b>	Width ..... Depth .....					
<b>Ankle circumference</b>	Right Left					
<b>Has wound healed?</b>	Date Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Primary Dressing</b> Alginate Hydrofibre Foam Hydrogel Silicon vicryl Hydrocolloid Other (specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Compression*</b> Is paste bandage being used? Is pt using compression Short stretch Long stretch Multi layer system (specify) .....  Inelastic system DN own system (list products) Compression hosiery (specify grade in mm Hg)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		If no say why	
<b>Infection</b> Does the ulcer appear infected? Was a swab done Which signs persist? Erythema Pus Incr. pain (> normal in 1st week) Local swelling Increased exudate	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Dates of swab</b>	
<b>Antibiotics</b> Has the pt started ABs since last visit?					<b>Specify drugs Duration of TX</b>	
<b>Education provided</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Pain &lt; 3 (0-10 scale)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Referrals?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		specify	
<b>Signature &amp; name</b>						

**CLINICAL PATHWAY FOR VENOUS ULCER**

Key: • X = Variance • Initial every block on each Shift	Week 1			V	Notes/Variance	Sign
<b>Wound Size</b>	Width ..... Depth .....					
<b>Ankle circumference</b>	Right Left					
<b>Has wound healed?</b>	Date Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Primary Dressing</b> Alginate Hydrofibre Foam Hydrogel Silicon vicryl Hydrocolloid Other (specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
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<b>Antibiotics</b> Has the pt started ABs since last visit?					<b>Specify drugs Duration of TX</b>	
<b>Education provided</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Pain &lt; 3 (0-10 scale)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Referrals?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		specify	
<b>Signature &amp; name</b>						

**CLINICAL PATHWAY FOR VENOUS ULCER**

Key: • X = Variance • Initial every block on each Shift	Week 1			V	Notes/Variance	Sign
<b>Wound Size</b>	Width ..... Depth .....					
<b>Ankle circumference</b>	Right Left					
<b>Has wound healed?</b>	Date Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Primary Dressing</b> Alginate Hydrofibre Foam Hydrogel Silicon vicryl Hydrocolloid Other (specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
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<b>Infection</b> Does the ulcer appear infected? Was a swab done Which signs persist? Erythema Pus Incr. pain (> normal in 1st week) Local swelling Increased exudate	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Dates of swab</b>	
<b>Antibiotics</b> Has the pt started ABs since last visit?					<b>Specify drugs Duration of TX</b>	
<b>Education provided</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Pain &lt; 3 (0-10 scale)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Referrals?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		specify	
<b>Signature &amp; name</b>						

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Key: • X = Variance • Initial every block on each Shift	Week 1			V	Notes/Variance	Sign
<b>Wound Size</b>	Width ..... Depth .....					
<b>Ankle circumference</b>	Right Left					
<b>Has wound healed?</b>	Date Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Primary Dressing</b> Alginate Hydrofibre Foam Hydrogel Silicon vicryl Hydrocolloid Other (specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
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<b>Education provided</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Pain &lt; 3 ( 0-10 scale)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Referrals?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		specify	
<b>Signature &amp; name</b>						

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<b>Wound Size</b>	Width ..... Depth .....					
<b>Ankle circumference</b>	Right Left					
<b>Has wound healed?</b>	Date Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Primary Dressing</b> Alginate Hydrofibre Foam Hydrogel Silicon vicryl Hydrocolloid Other (specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
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<b>Infection</b> Does the ulcer appear infected? Was a swab done Which signs persist? Erythema Pus Incr. pain (> normal in 1st week) Local swelling Increased exudate	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Dates of swab</b>	
<b>Antibiotics</b> Has the pt started ABs since last visit?					<b>Specify drugs Duration of TX</b>	
<b>Education provided</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
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<b>Pain &lt; 3 (0-10 scale)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Referrals?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		specify	
<b>Signature &amp; name</b>						

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