

#### **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 <u>diagnosed venous leg ulcers</u>. 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.(<a href="www.nzgg.org.nz">www.nzgg.org.nz</a>) 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:

	Variance
=	Changes in level of pain
=	Changes in medication
=	Skin changes
=	New ulcer development
=	Infection
=	Death
=	Amputation
=	Compliance issues
=	Allergies
=	Access to service provision
	SP1. Geographical location
	SP2. Lack of funding
	SP3. Lack of (trained ) provider SP4. Wait listed
	SP5. Other (specify)
=	Changed aetiology
=	Health provider initiated change
=	Referral to specialist services
=	Change in health status

<sup>\*</sup> 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, page 30-32

(http://www.nzwcs.org.nz/images/stories/files/VLUG Consultation/guideline draft for pub consult.pdf)



### **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



Key:						
X = Variance		Week 1		٧	Notes/Variance	Sign
Initial every block on each     Shift						
Wound Size	Width					
	Depth					
Ankle circumference	Right					
	Left Date	Date	Date			
Has wound healed?	Daio	Date	Date			
	Yes □ No □	Yes □ No □	Yes □ No □			
Primary Dressing						
Alginate	Yes □ No □	Yes □ No □	Yes □ No □			
Hydrofibre Foam	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □			
Hydrogel	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆			
Silicon vicryl	Yes □ No □	Yes □ No □	Yes □ No □			
Hydrocolloid	Yes □ No □	Yes □ No □	Yes □ No □			
Other (specify)						
Compression*						
Is paste bandage being used?	Yes □ No □	Yes □ No □	Yes □ No □			
Is pt using compression	Yes □ No □	Yes 🗆 No 🗆	Yes 🗆 No 🗆		If no say why	
Short stretch Long stretch	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □			
Multi layer system (specify)	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆			
Inelastic system	Yes □ No □	Yes 🗆 No 🗆	Yes 🗆 No 🗆			
DN own system (list products) Compression hosiery	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □			
(specify grade in mm Hg)	163 🗆 110 🗀	163 🗆 110 🗀	163 🗆 110 🗀			
(0) 000, 9, 000 00 000						
Infection						
Does the ulcer appear infected?	Yes □ No □	Yes □ No □	Yes □ No □		Dates of swab	
Was a swab done	Yes □ No □	Yes □ No □	Yes □ No □			
Which signs persist?						
Erythema	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆			
Pus Incr. pain (> normal in 1st week)	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □			
Local swelling	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆			
Increased exudate	Yes □ No □	Yes □ No □	Yes 🗆 No 🗆			
Antibiotics						
Has the pt started ABs since					Specify drugs	
last visit?					Duration of TX	
Education provided	Yes □ No □	Yes □ No □	Yes □ No □			
Pain < 3 ( 0-10 scale)	Yes □ No □	Yes □ No □	Yes □ No □			
Referrals?	Yes □ No □	Yes □ No □	Yes □ No □		specify	
Signature & name						



Key:						
X = Variance     Initial every block on each     Shift		Week 1		٧	Notes/Variance	Sign
Wound Size	Width					
Woulld Size	Depth					
Ankle circumference	Right Left					
	Date	Date	Date			
Has wound healed?	Yes □ No □	Yes □ No □	Yes □ No □			
Primary Dressing						
Alginate	Yes □ No □	Yes □ No □	Yes □ No □			
Hydrofibre	Yes □ No □	Yes □ No □	Yes □ No □			
Foam	Yes □ No □	Yes □ No □	Yes □ No □			
Hydrogel	Yes □ No □	Yes □ No □	Yes □ No □			
Silicon vicryl	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □			
Hydrocolloid Other (specify)	Yes LINO LI	Yes LI NO LI	Yes LINO L			
Compression* Is paste bandage being used?	Yes □ No □	Yes □ No □	Yes □ No □			
Is pt using compression	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆		If no say why	
Short stretch	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆		ii iio say wiiy	
Long stretch	Yes □ No □	Yes □ No □	Yes □ No □			
Multi layer system (specify)	Yes □ No □	Yes □ No □	Yes □ No □			
Inelastic system	Yes □ No □	Yes □ No □	Yes □ No □			
DN own system (list products)	Yes □ No □	Yes □ No □	Yes □ No □			
Compression hosiery (specify grade in mm Hg)	Yes □ No □	Yes □ No □	Yes □ No □			
(specify grade in mining)						
Infantian						
Infection						
Does the ulcer appear infected?	Yes □ No □	Yes 🗆 No 🗆	Yes 🗆 No 🗆		Dates of swab	
Was a swab done	Yes □ No □	Yes □ No □	Yes □ No □			
Which signs persist? Erythema	Yes □ No □	Yes □ No □	Yes □ No □			
Pus	Yes □ No □	Yes □ No □	Yes 🗆 No 🗆			
Incr. pain (> normal in 1st week)	Yes □ No □	Yes □ No □	Yes □ No □			
Local swelling	Yes □ No □	Yes □ No □	Yes □ No □			
Increased exudate	Yes □ No □	Yes □ No □	Yes □ No □			
Antibiotics						
Has the pt started ABs since					Specify drugs	
last visit?					Duration of TX	
Education provided	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □			
Pain < 3 ( 0-10 scale)						
Referrals?	Yes □ No □	Yes □ No □	Yes □ No □		specify	
Signature & name						
C.g.iataro & name						
						1



Key:	]					
X = Variance		Week 1		٧	Notes/Variance	Sign
Initial every block on each     Shift						
Wound Size	Width					
Ankle circumference	Depth Right					
Alikie Circumierence	Left					
l <u>.</u>	Date	Date	Date			
Has wound healed?	Yes □ No □	Yes □ No □	Yes □ No □			
Primary Dressing						
Alginate	Yes □ No □	Yes □ No □	Yes □ No □			
Hydrofibre Foam	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □			
Hydrogel	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆			
Silicon vicryl	Yes □ No □	Yes □ No □	Yes □ No □			
Hydrocolloid	Yes □ No □	Yes □ No □	Yes □ No □			
Other (specify)						
Compression*		V = N =				
Is paste bandage being used?	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □		If no cov why	
Is pt using compression Short stretch	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆		If no say why	
Long stretch	Yes □ No □	Yes □ No □	Yes □ No □			
Multi layer system (specify)	Yes □ No □	Yes □ No □	Yes □ No □			
Inelastic system	Yes □ No □	Yes □ No □	Yes □ No □			
DN own system (list products)	Yes □ No □	Yes □ No □	Yes □ No □			
Compression hosiery	Yes □ No □	Yes □ No □	Yes □ No □			
(specify grade in mm Hg)						
Infection						
Does the ulcer appear infected?	Yes □ No □	Yes □ No □	Yes □ No □		Dates of swab	
Was a swab done	Yes □ No □	Yes □ No □	Yes □ No □		Datos of office	
Which signs persist?						
Erythema Pus	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □			
Incr. pain (> normal in 1st week)	Yes □ No □ Yes □ No □	Yes ☐ No ☐	Yes □ No □			
Local swelling	Yes 🗆 No 🗆	Yes □ No □	Yes □ No □			
Increased exudate	Yes □ No □	Yes □ No □	Yes □ No □			
Antibiotics						
Has the pt started ABs since					Specify drugs	
last visit?					Duration of TX	
Education provided	Yes □ No □	Yes □ No □	Yes □ No □		·	
Pain < 3 ( 0-10 scale)	Yes □ No □	Yes □ No □	Yes □ No □			
Referrals?	Yes □ No □	Yes □ No □	Yes □ No □		specify	
Signature & name						



Key:						
X = Variance     Initial every block on each     Shift		Week 1		V	Notes/Variance	Sign
Wound Size	Width					
Woulld Size	Depth					
Ankle circumference	Right Left					
	Date	Date	Date			
Has wound healed?	Yes □ No □	Yes □ No □	Yes □ No □			
Primary Dressing						
Alginate	Yes □ No □	Yes □ No □	Yes □ No □			
Hydrofibre	Yes □ No □	Yes □ No □	Yes □ No □			
Foam	Yes 🗆 No 🗆	Yes □ No □	Yes □ No □			
Hydrogel	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □			
Silicon vicryl Hydrocolloid	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆			
Other (specify)	103 110 1	103 110 1	103 1110 1			
Compression*						
Is paste bandage being used?	Yes □ No □	Yes □ No □	Yes □ No □			
Is pt using compression	Yes □ No □	Yes □ No □	Yes □ No □		If no say why	
Short stretch	Yes □ No □	Yes □ No □	Yes □ No □		, ,	
Long stretch	Yes □ No □	Yes □ No □	Yes □ No □			
Multi layer system (specify)	Yes □ No □	Yes □ No □	Yes □ No □			
Inelastic system	Yes □ No □	Yes □ No □	Yes □ No □			
DN own system (list products)	Yes □ No □	Yes □ No □	Yes □ No □			
Compression hosiery	Yes □ No □	Yes □ No □	Yes □ No □			
(specify grade in mm Hg)						
Infection						
Does the ulcer appear infected?	Yes □ No □	Yes □ No □	Yes □ No □		Dates of swab	
Was a swab done	Yes □ No □	Yes □ No □	Yes □ No □			
Which signs persist?	V - P N - P	V. DN. D	V. DN. D			
Erythema Pus	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □			
Incr. pain (> normal in 1st week)	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆			
Local swelling	Yes □ No □	Yes □ No □	Yes □ No □			
Increased exudate	Yes □ No □	Yes □ No □	Yes □ No □			
Antibiotics						
Has the pt started ABs since					Specify drugs	
last visit?					Duration of TX	
Education provided	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □			
Pain < 3 ( 0-10 scale)					.,	
Referrals?	Yes □ No □	Yes □ No □	Yes □ No □		specify	
Signature & name						



Key:						
X = Variance		Week 1		٧	Notes/Variance	Sign
Initial every block on each     Shift						
Wound Size	Width					
Ankle circumference	Depth Right					
Ankle circumference	Left					
	Date	Date	Date			
Has wound healed?	Yes □ No □	Yes □ No □	Yes □ No □			
Primary Dressing						
Alginate	Yes □ No □	Yes □ No □	Yes □ No □			
Hydrofibre	Yes □ No □	Yes □ No □	Yes □ No □			
Foam	Yes 🗆 No 🗆	Yes □ No □	Yes 🗆 No 🗆			
Hydrogel Silicon vicryl	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □			
Hydrocolloid	Yes 🗆 No 🗆	Yes □ No □	Yes 🗆 No 🗆			
Other (specify)						
Compression*						
Is paste bandage being used?	Yes □ No □	Yes □ No □	Yes □ No □			
Is pt using compression	Yes □ No □	Yes □ No □	Yes □ No □		If no say why	
Short stretch	Yes □ No □	Yes □ No □	Yes □ No □			
Long stretch Multi layer system (specify)	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □			
(specify)	162 F NO F	162 F 140 F	Tes LINO L			
Inelastic system	Yes □ No □	Yes □ No □	Yes □ No □			
DN own system (list products)	Yes □ No □	Yes □ No □	Yes □ No □			
Compression hosiery	Yes □ No □	Yes □ No □	Yes □ No □			
(specify grade in mm Hg)						
Infection						
Does the ulcer appear infected?	Yes □ No □	Yes □ No □	Yes □ No □		Dates of swab	
Was a swab done	Yes □ No □	Yes □ No □	Yes □ No □			
Which signs persist?						
Erythema	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆			
Pus Incr. pain (> pormal in 1st week)	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □			
Incr. pain (> normal in 1st week) Local swelling	Yes 🗆 No 🗆	Yes 🗆 No 🗅	Yes 🗆 No 🗆			
Increased exudate	Yes 🗆 No 🗆	Yes □ No □	Yes □ No □			
Antibiotics						
Has the pt started ABs since					Specify drugs	
last visit?	V	V. 51 5	V		Duration of TX	
Education provided	Yes □ No □	Yes □ No □	Yes □ No □			
Pain < 3 ( 0-10 scale)	Yes □ No □	Yes □ No □	Yes □ No □		.,	
Referrals?	Yes □ No □	Yes □ No □	Yes □ No □		specify	
Signature & name						



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

(Copy more pages as required)