

Leg Ulcer Assessment Form



This form has been developed by the NZWCS www.nzwcs.org.nz and is to be used in conjunction with the Australian and NZ Clinical Practice Guideline for Prevention and Management of Venous Leg Ulcers <https://nzwcs.org.nz/who-we-are/leg-ulcer-advisory-group/48-anz-vlu-2011>. The NZWCS does not take any responsibility for any outcomes through using this form. The form is for competent healthcare professionals (HCPs) trained in leg ulcer assessment and does not replace the HCPs clinical judgement in each individual case.

Surname: First name: Preferred name: NHI No: Address: Email:	DOB: Telephone:	Ethnic group: NOK & Telephone: Occupation: ACC Number: Injury Date:
Department: Name of Assessor: Date:	Assessor Role:	GP & Telephone: Referred by: Specialists involved in care:

HISTORY – Clinical, Pain & Leg Ulcer

Patient visit expectations:

Current community & family support:

Presenting problem & ulcer/s location:
** Consider specialist referral if past history skin/wound malignancy*

<i>Current Ulcer History</i>	<i>Past Ulcer History</i>
Presenting ulcer is recurrent: Y / N Duration of current ulcer: How leg ulcer occurred: <i>*Consider spontaneous, trauma, eczema, not wearing compression hosiery</i>	Past history of ulcers: Y / N Approx. time to heal: circle <6wks / 6-12wks / >12wks Time since last ulcer: < 12wks / 12wks-6months / >6 months

Previous leg ulcer treatments / compression hosiery adherence:

Gait assessment:
**Consider client walks normally striking heel to toe / shuffles / mobilises independently or uses an aid*

Nutrition:
**Discuss daily food / fluid intake. Consider BMI and using a validated nutritional assessment tool e.g. MNA*

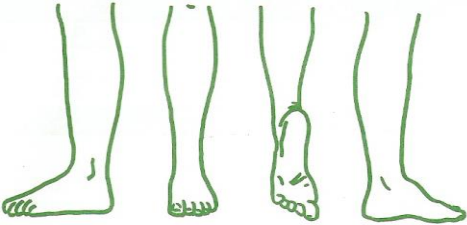
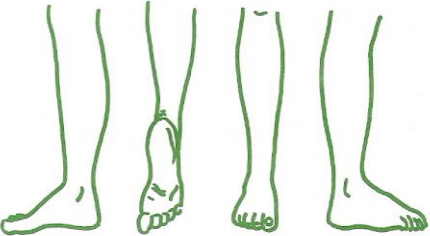
Medications:
**Consider drugs that may affect healing: Immunosuppressant's, Cytotoxics, Anti-rheumatics, Nicotine, Corticosteroids, NSAIDs*
**Consider alternative therapies used*

Known allergies / sensitivities:
**Consider drug, food, latex, creams, wound care products*

Alcohol type / amount:
 Recreational drug type / amount:
 Smoking history:

Identified quality of life (QOL) including psychosocial issues: e.g.: spiritual, cultural beliefs, odour, pain, exudate, lack of sleep, reduced mobility affecting physical function, depression, anxiety, social situation, affecting employment, ADLs, domestic violence
 Pain:

**Consider use of a validated QOL assessment tool per guidelines. *Consider pain questions: Provokes what causes it, what makes it better? Quality description of the pain, Radiates localised, moves?, Severity on a scale of 1-10, Time when did it start, how long it lasts?*

Date:		Surname:		NHI:	
EXAMINATION of the Leg & Ulcer					
Possible Pain in Venous Disease		L R		Possible Pain in Arterial Disease	
Pain improved or relieved with limb elevation		<input type="checkbox"/> <input type="checkbox"/>		Intermittent claudication <i>crampy calf, thigh or buttock pain that occurs during exercise, especially walking (immobility may obscure symptoms).</i>	
Legs feel heavy, tired, or achy at the end of the day or after standing/sitting for long periods		<input type="checkbox"/> <input type="checkbox"/>		Rest / night pain (worse with limb elevation) <i>pain is eased by hanging leg down or standing on cold surface</i>	
Clinical Indicators Venous Disease		L R		Clinical Indicators Arterial Insufficiency	
Deep venous thrombosis		<input type="checkbox"/> <input type="checkbox"/>		Heart disease	
Previous vein surgery		<input type="checkbox"/> <input type="checkbox"/>		High blood pressure	
Hx phlebitis		<input type="checkbox"/> <input type="checkbox"/>		Diabetes	
Hx episodes chest pain/haemoptysis or PE		<input type="checkbox"/>		Hx of stroke or TIAs	
Lower leg fracture/trauma or surgery		<input type="checkbox"/> <input type="checkbox"/>		Nicotine <i>* consider smoking cessation support</i>	
Reduced mobility/calf pump <i>* test dorsi/plantar flexion</i>		<input type="checkbox"/> <input type="checkbox"/>		Elevated cholesterol	
Prolonged standing/sitting occupation/s: Y/N				Past arterial surgery/intervention	
Number of pregnancies:				<i>e.g. CABG, angioplasty</i>	
Overweight: Y/N					
Family history of varicose veins/ulcers: Y/N					
Associated Changes in the Leg		L R		Associated Changes in the Leg	
Evidence of healed ulcers		<input type="checkbox"/> <input type="checkbox"/>		Evidence of scars from revascularisation	
Telangiectasias <i>spider veins 0.1-1mm diameter</i>		<input type="checkbox"/> <input type="checkbox"/>		Intermittent claudication	
Reticular veins <i>dilated blue/green veins 1-3mm diameter</i>		<input type="checkbox"/> <input type="checkbox"/>		Limb cool to touch	
Varicose veins		<input type="checkbox"/> <input type="checkbox"/>		Surrounding skin shiny & taut	
Eczema (dry or wet)		<input type="checkbox"/> <input type="checkbox"/>		Weak or absent pedal / leg pulses	
Pedal / ankle / leg oedema <i>circle</i>		<input type="checkbox"/> <input type="checkbox"/>		Toe amputation/s (review underlying cause)	
Lipodermatosclerosis <i>fibrosed skin above ankle</i>		<input type="checkbox"/> <input type="checkbox"/>		Positive Beurger's test <i>supine position with limb elevated foot pallor occurs (note degree this occurs), and foot rubor on dependency</i>	
Inverted champagne-bottle shaped leg		<input type="checkbox"/> <input type="checkbox"/>			
Ankle flare <i>distended veins foot arch or ankle</i>		<input type="checkbox"/> <input type="checkbox"/>			
Haemosiderin <i>reddish brown pigmentation due to haemosiderin deposits</i>		<input type="checkbox"/> <input type="checkbox"/>			
Atrophie blanche <i>ivory/white depressed atrophic plaques with prominent red blotching</i>		<input type="checkbox"/> <input type="checkbox"/>			
Venous Ulcer Location & Characteristics		L R		Arterial Ulcer Location & Characteristics	
Shallow		<input type="checkbox"/> <input type="checkbox"/>		Punched out appearance	
Moist		<input type="checkbox"/> <input type="checkbox"/>		Minimal wound exudate unless infected	
Irregular wound edges		<input type="checkbox"/> <input type="checkbox"/>		Prone to infection	
Ruddy granulation tissue		<input type="checkbox"/> <input type="checkbox"/>		Poorly perfused wound bed <i>pale, non-granulating and/or necrotic tissue</i>	
Wound exudate moderate to high		<input type="checkbox"/> <input type="checkbox"/>		Ulcers located on toes, heels, and bony prominences of the foot <i>*check for inter-digital ulcers</i>	
May be odorous		<input type="checkbox"/> <input type="checkbox"/>			
Ulcers located anterior to medial malleolus or pretibial area <i>(lower third of leg)</i>		<input type="checkbox"/> <input type="checkbox"/>			
Additional relevant past history:					
Draw location of wound/s					
					
Left Leg			Right Leg		

INVESTIGATIONS to Support Diagnosis					
The ankle-brachial pressure index (ABPI) identifies arterial insufficiency and should be used to screen all ulcers, and performed by trained and competently assessed healthcare professionals.					
Baseline BP					
Pulse examination (- absent / + present) *Palpable pulses alone are insufficient to rule out arterial disease					
Left dorsalis Pedis (DP):				Right dorsalis Pedis (DP):	
Left posterior tibial (PT):				Right posterior tibial (PT):	
*Consider palpating popliteal and femoral pulses if DP/PT absent					
Left popliteal				Right popliteal	
Left femoral				Right femoral	
Ankle-Brachial Pressure Index *Do not attempt if DVT, cellulitis or severe pain present or critical limb ischemia					
Left	Recordings (mmHg)	Sounds / Comments	Right	Recordings (mmHg)	Sounds / Comments
Brachial			Brachial		
DP			DP		
PT			PT		
Results:	Left leg =		Right leg =		
	ABPI = $\frac{\text{Highest pressure from DP or PT for each leg}}{\text{Highest brachial pressure obtained for both arms}}$		Reason if unable to complete ABPI:		
Diagnosis					
L R consider specialist referral to vascular surgeon					
<input type="checkbox"/> Venous leg ulcer ABPI 0.8–1.2 with characteristics of venous aetiology CEAP Classification: <input type="text"/>					
<input type="checkbox"/> Mixed venous / arterial ABPI 0.6-0.8					
<input type="checkbox"/> Arterial leg ulcer ABPI < 0.6					
<input type="checkbox"/> Atypical ulcer					
<input type="checkbox"/> Arterial calcification ABPI >1.2					
CEAP classification to evaluate and classify venous disease:					
C0 No signs of venous disease / C1 Telangiectasias or reticular veins / C2 Varicose veins / C3 Presence of oedema					
C4a Eczema or pigmentation / C4b Lipodermatosclerosis or atrophie blanche / C5 Evidence of a healed VLU / C6 Active VLU					
Atypical ulcer characteristics: None/minimal venous and arterial ulcers characteristics, extreme pain, oedema, unusual ulcer appearance or atypical distribution, suspicion of malignancy, deterioration in ulcer or necrotic tissue present, ulcer not healed in three months.					
Planning, Implementation & Evaluation					
Treatment Objectives:					
Management Plan / Review Date:					
* Consider: if venous aetiology the 'Leg Ulcer Clinical Pathway' (www.nzwcs.org.nz) provides a six-week time-line and records all interventions and variances that may affect healing. This information can be used to improve patient outcomes and service delivery.					
Professionals need to be trained and competent in the application of compression bandaging					
Compression Therapy	Left Leg		Right Leg		
Circumferences (cm)	left ankle =	left calf=	right ankle=	right calf=	
Compression system used:					
Client Education (as appropriate):					
<input type="checkbox"/> *What is a Venous Leg Ulcer <input type="checkbox"/> * Treating Venous Leg Ulcers & Maintaining Leg Health <input type="checkbox"/> * Preventing Venous Leg Ulcers *Available from https://nzwcs.org.nz/who-we-are/leg-ulcer-advisory-group Other:			<input type="checkbox"/> Safety: when to remove compression <input type="checkbox"/> Nutrition / weight management <input type="checkbox"/> Pain management <input type="checkbox"/> Diabetes consider referral to relevant Teams <input type="checkbox"/> Smoking Cessation		
Referrals Activated from the Consultation (cc GP):					
Consider Vascular referral for surgical intervention to prevent venous leg ulcer recurrence according to your organisations criteria.					
Wound Nurse Practitioner/ CNS		Vascular Consultant		Dermatologist	
Physiotherapist		Dietician		Occupational Therapist	
Podiatrist		Vascular Lab		Orthotics	
Diabetes Nurse Specialist		Other		Other	
Other		Other		Other	

Date:	Surname:			NHI:		
Wound & Skin Assessment						
Ulcer Location						
Wound Dimensions						
Max length x width cm						
Max depth cm						
Wound Depth \checkmark post cleaning & debridement						
Superficial: epidermis/upper dermis						
Partial: skin loss up to lower dermis						
Full thickness: to subcut tissue						
Full thickness: muscle, tendon, joint capsule or bone						
Unable to determine necrosis or slough						
Wound Tissue \checkmark post cleaning/debridement (approx % of colours) Alert yellow: document if fat, tendon or bone (consider x-ray to exclude osteomyelitis)						
Necrotic (black)						
Slough (yellow)						
Granulating (red) state if unhealthy						
Over granulated (red / raised)						
Epithelialising (pink)						
Other describe:						
Exudate Colour \checkmark & Volume: Dry, Moist, Wet (no strikethrough), Saturated (strikethrough) or Leaking.						
Serous (clear, amber)		Volume		Volume		Volume
Haemoserous (blood stained)						
Sanguineous (heavily blood stained)						
Cloudy, milky or creamy						
Other describe:						
Odour: No / Yes						
Infection Suspected: No / Yes						
Wound Swab: No / Yes						
ABs commenced: No / Yes						
Wound Edge (e.g.: normal, punched-out, rolled, undermined, irregular)						
Describe:						
Surrounding Skin e.g.: Normal, Inflamed, Macerated, Oedematous, Eczema wet/dry, Fragile, Skin stripping, Hard, Cool, Heat. Colour: e.g. red, white, brown						
Describe:						
Pain Grade (1-10) & describe pain e.g. shooting/burning/stabbing = nerve damage OR throbbing, gnawing, aching = tissue damage; NB: may be mixed						
Pre-dressing						
During dressing						
Post dressing						
Describe / Location						
Analgesia required for wound care						
TX Objectives: <u>H</u> eal, <u>M</u> aintenance (healing not realistic), <u>A</u> bsorption, <u>D</u> ebridement, <u>R</u> ehydration, <u>M</u> icrobial <u>C</u> ontrol, \downarrow <u>P</u> ain, \downarrow <u>O</u> odour, \downarrow <u>O</u> edema, <u>P</u> rotection etc:						
List:						
Product Selection						
Primary Dressing						
Secondary Dressing						