

<b>Lower Limb Ulcer Assessment and Diagnosis Chart</b>				<b>Patient details</b>		Print or attach addressograph	
Date of assessment:				Surname:			
Staff name:				Forenames:			
Signature:				CHI no:			
				DOB:			
				Location:		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>Predisposing factors</b>				tick if history of		<b>History</b>	
<b>Arterial</b>		Y <input type="checkbox"/> N <input type="checkbox"/>	Venous signs and symptoms	<b>Left</b>	<b>Right</b>	Duration of current ulcer:	
Ischaemic heart disease		Y <input type="checkbox"/> N <input type="checkbox"/>	Ulceration	<input type="checkbox"/>	<input type="checkbox"/>	Onset of first ulceration:	
Hypertension		Y <input type="checkbox"/> N <input type="checkbox"/>	DVT	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Cerebrovascular accident		Y <input type="checkbox"/> N <input type="checkbox"/>	Fracture	<input type="checkbox"/>	<input type="checkbox"/>	Number of episodes of ulceration:	
Transient ischaemic attack		Y <input type="checkbox"/> N <input type="checkbox"/>	Vein surgery	<input type="checkbox"/>	<input type="checkbox"/>	Social circumstances affecting ulcer:	
Diabetes		Y <input type="checkbox"/> N <input type="checkbox"/>	Joint surgery	<input type="checkbox"/>	<input type="checkbox"/>		
Rheumatoid arthritis		Y <input type="checkbox"/> N <input type="checkbox"/>	Cellulitis	<input type="checkbox"/>	<input type="checkbox"/>		
Auto immune disorder e.g. ulcerative colitis, vasculitis		Y <input type="checkbox"/> N <input type="checkbox"/>	Oedema	<input type="checkbox"/>	<input type="checkbox"/>		

<b>Perpetuating factors</b>						<b>Leg measurements (cm)</b>		<b>Left</b>	<b>Right</b>
Obesity	Y <input type="checkbox"/> N <input type="checkbox"/>	Sleeps in chair	Y <input type="checkbox"/> N <input type="checkbox"/>	Non concordance	Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Calf (widest)</b>			
Smoking	Y <input type="checkbox"/> N <input type="checkbox"/>	Self - neglect	Y <input type="checkbox"/> N <input type="checkbox"/>	Limited mobility	Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Ankle (narrowest)</b>			
Poor nutrition	Y <input type="checkbox"/> N <input type="checkbox"/>	Person who injects drugs	Y <input type="checkbox"/> N <input type="checkbox"/>	Poor understanding of condition	Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Foot length</b>			

<b>Presenting signs and symptoms – tick if present</b>						<b>0 = no pain</b>	<b>Pain assessment</b>		<b>10= worst pain</b>
<b>Venous</b>	<b>Left</b>	<b>Right</b>	<b>Arterial</b>	<b>Left</b>	<b>Right</b>		<b>Score 0 - 10</b>	<b>Intermittent/constant Description of pain</b>	
Ankle flare	<input type="checkbox"/>	<input type="checkbox"/>	Cold foot	<input type="checkbox"/>	<input type="checkbox"/>	<b>Day</b>			
Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>	Pale, shiny, hairless skin	<input type="checkbox"/>	<input type="checkbox"/>	<b>Night</b>			
Haemosiderin staining	<input type="checkbox"/>	<input type="checkbox"/>	Capillary refill > 3 seconds	<input type="checkbox"/>	<input type="checkbox"/>	<b>At dressing change</b>			
Varicose eczema	<input type="checkbox"/>	<input type="checkbox"/>	Intermittent claudication	<input type="checkbox"/>	<input type="checkbox"/>	<b>Poor ankle mobility</b>	Yes/No	<b>Fixed ankle joint</b>	Yes/No
Lipodermatosclerosis	<input type="checkbox"/>	<input type="checkbox"/>	Ischaemic rest pain	<input type="checkbox"/>	<input type="checkbox"/>	<b>Quality of life/Psychological issues</b>			
Oedema	<input type="checkbox"/>	<input type="checkbox"/>	Dropping leg out of bed	<input type="checkbox"/>	<input type="checkbox"/>				
Atrophie blanche	<input type="checkbox"/>	<input type="checkbox"/>	Limb elevation pain	<input type="checkbox"/>	<input type="checkbox"/>				

**Ulcer assessment:** Draw location of ulcer on diagram and number if more than one. Document assessment next to the ulcer. Commence Wound Assessment Chart.

Right				Left			
Medial	Anterior	Lateral	Posterior	Medial	Anterior	Lateral	Posterior
e.g. 3cm x 2.5cm x 5mm.20% slough / 80% granulation.							

- **Size** - Length x width x depth
  - **Tissue type** - necrotic, sloughy, granulation, epithelialising, hypergranulation
  - **Clinical signs of inflammation/ infection** – high exudate levels, increasing pain, erythema/different skin tone peri wound, friable tissue.
  - **Exudate** – level, consistency, serous, purulent, haemoserous
  - **Wound edges** – punched out, shallow, rolled
  - **Peri wound skin** – healthy, macerated, erythema/different skin tone
- Consider referral to Dermatology for Leg Ulcer Series patch testing

**Ankle Brachial Pressure Index Recording**

Calculation = highest ankle pressure for that leg divided by highest brachial pressure of both arms

Location	Right	Left	Result ABPI Right Leg	Result ABPI Left Leg	Next assessment date	Unable to perform (reason)
Brachial artery systolic					__/__/__	
Posterior tibial systolic			<b>LEG ULCER DIAGNOSIS</b> Venous/ Arterial/ Mixed aetiology/Vasculitic/Other: <div style="border: 2px solid blue; width: 300px; height: 30px; display: inline-block; vertical-align: middle;"></div>			
Dorsalis pedis						

**Plan of Care - Refer to Lower Limb Foot and Leg Ulcer Decision and Referral Pathway**

Document results and care plan in patients note

ABPI ≤ 0.5	ABPI >1.3 or between < 0.8 - 0.5	ABPI between 0.8 - 1.3
<b>NO</b> compression therapy Urgent referral to Vascular Arterial Clinic <b>BMI &lt;40 and suitable for surgery</b> Non-urgent referral to Vascular Venous Clinic <b>BMI &gt;40 and unsuitable for surgery</b> Non-urgent referral to Tissue Viability	If no pain/PAD and >0.6 <b>consider reduced compression</b>	If no pain, start full compression therapy. If pain start reduced compression