Indiana State Department of Health

CLINICAL FACT SHEET - QUICK ASSESSMENT OF LEG ULCERS

CAC University of Indianapolis
Center for Aging & Community

	VENOUS INSUFFICIENCY (STASIS)	ARTERIAL INSUFFICIENCY	PERIPHERAL NEUROPATHY (DIABETIC)
HISTORY	♦ Previous DVT & Varicosities ♦ Reduced mobility ♦ Obesity ♦ Vascular Ulcers ♦ Phlebitis ♦ Traumatic Injury ♦ CHF ♦ Orthopedic procedures ♦ Pain reduced by elevation	♦ Diabetes ♦ Anemia ♦ Arthritis ♦ Increased pain with activity and/or elevation ♦ CVA ♦ Smoking ♦ Intermittent claudication ♦ Traumatic injury to extremity ♦ Vascular procedures/surgeries ♦ Hypertension ♦ Hyperlipidemia ♦ Arterial Disease	♦ Diabetes ♦ Spinal cord injury ♦ Hansen's Disease ♦ Relief of pain with ambulation ♦ Parasthesia of extremities
LOCATION	♦ Medial aspect of lower leg and ankle ♦ Superior to medial malleolus	♦ Toe tips or web spaces ♦ Phalangeal heads around lateral malleolus ♦ Areas exposed to pressure or repetitive trauma	♦ Plantar aspect of foot ♦ Metatarsal heads ♦ Heels ♦ Altered pressure points/sites of painless trauma/repetitive stress
APPEARANCE	♦ Color: base ruddy ♦ Surrounding Skin: erythema (venous dermatitis) and/or brown staining (hyperpigmentation) ♦ Depth: usually shallow ♦ Wound Margins: irregular ♦ Exudate: moderate of heavy ♦ Edema: pitting or non-pitting; possible induration and cellulitis ♦ Skin Temp: normal; warm to touch ♦ Granulation: frequently present ♦ Infection: less common	♦ Color: base of wound, pale/pallor on elevation; dependent rubor ♦ Skin: shiny, taut, thin, dry, hair loss of lower extremities, atrophy of subcutaneous tissue ♦ Depth: deep ♦ Wound Margins: even ♦ Exudate: minimal ♦ Edema: variable ♦ Skin Temp: decreased/cold ♦ Granulation Tissue: rarely present ♦ Infection: frequent (signs may be subtle) ♦ Necrosis, eschar, gangrene may be present	♦ Color: normal skin tones; trophic skin changes, fissuring and/or callus formation ♦ Depth: variable ♦ Wound Margins: well defined ♦ Exudate: variable ♦ Edema: cellulitis, erythema and induration common ♦ Skin Temp: warm ♦ Granulation Tissue: frequently present ♦ Infection: frequent ♦ Necrotic tissue variable, gangrene uncommon ♦ Reflexes usually diminished ♦ Altered gait; orthopedic deformities common

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	VENOUS INSUFFICIENCY (STASIS)	ARTERIAL INSUFFICIENCY	PERIPHERAL NEUROPATHY (DIABETIC)
PERFUSION	**PAIN** ♦ Minimal unless infected or desiccated. **PERIPHERAL PULSES** ♦ Present/Palpable **CAPILLARY REFILL** ♦ Normal-less than 3 seconds	**PAIN** ♦ Intermittent Claudication ♦ Resting ♦ Positional ♦ Nocturnal **PERIPHERAL PULSES** ♦ Absent or diminished **CAPILLARY REFILL** ♦ Delayed -- more than 3 seconds ♦ ABI < 0.8	**PAIN** ♦ Diminished sensitivity to touch ♦ Reduced response to pin prick usually painless **PERIPHERAL PULSES** ♦ Palpable/Present **CAPILLARY REFILL** ♦ Normal
TREATMENT	**MEASURES TO IMPROVE VENOUS RETURN** ♦ Surgical obliteration of damaged veins ♦ Elevation of legs ♦ Compression therapy to provide at least 30mm hg compression @ ankle if the ABI is normal. If he ABI is .8 -.6 then use reduced compression of 23mmhg at the ankle. If the ABI is .5 or lower, compression is contraindicated. Compression is also contraindicated with DVT and acute episode of CHF. **Options:** • Short stretch bandages (e.g. Setopress, Surepress, Comprilan) • Othosis (CircAid) • Therapeutic support stockings (Jobst, Juzo) • Unna's boot or Profore 4 layer wrap • Compression pumps **TOPICAL THERAPY** **Goals:** • Absorb exudate (e.g. alginate, foam) • Maintain moist wound surface (e.g. hydrocolloid)	**MEASURES TO IMPROVE TISSUE PERFUSION** ♦ Revascularization if possible ♦ Medications to improve RBC transit through narrowed vessels ♦ Lifestyle changes (no tobacco, no caffeine, no constrictive garments, avoidance of cold) ♦ Hydration ♦ Measures to prevent trauma to tissues (appropriate footwear at ALL times) **TOPICAL THERAPY** ♦ Dry uninfected necrotic wound: KEEP DRY ♦ Dry infected wound: IMMEDIATE referral for surgical debridement/aggressive antibiotic therapy ♦ Open wound • Moist wound healing • Non-occlusive dressings (e.g. solid hydrogels) or **cautious** use of occlusive dressings • Aggressive treatment of any infection	**MEASURES TO ELIMINATE TRAUMA** ♦ Pressure relief for heal ulcers ♦ "Offloading" for plantar ulcers (bedrest or contact casting or orthopedic shoes) ♦ Appropriate footwear ♦ Tight glucose control ♦ Aggressive infection control (debridement of any necrotic tissue, orthopedic consult for exposed bone, antibiotic coverage) **TOPICAL THERAPY** ♦ Cautious use of occlusive dressings ♦ Dressing to absorb exudate/keep surface moist