



Pressure Ulcers: Clinical Fact Sheet: Quick Assessment of Leg Ulcers

Venous Insufficiency (Stasis)	Arterial Insufficiency	Peripheral Neuropathy (Diabetic)
History		
<ul style="list-style-type: none"> • Previous DVT & Varicosities • Reduced mobility • Obesity • Vascular ulcers • Phlebitis • Traumatic injury • CHF • Orthopedic procedures • Pain reduced by elevation 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Diabetes • Spinal cord injury • Hansen’s Disease • Relief of pain with ambulation • Parasthesia of extremities
Location		
<ul style="list-style-type: none"> • Medial aspect of lower leg and ankle • Superior to medial malleolus 	<ul style="list-style-type: none"> • Toe tips or web spaces • Phalangeal heads around lateral malleolus • Areas exposed to pressure or repetitive trauma 	<ul style="list-style-type: none"> • Plantar aspect of foot • Metatarsal heads • Heels • Altered pressure points/sites of painless trauma/repetitive stress
Appearance		
<ul style="list-style-type: none"> • 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 • Tissue: granulation frequently present • Infection: less common 	<ul style="list-style-type: none"> • 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 • Tissue: granulation rarely present; necrosis, eschar, gangrene may be present • Infection: frequent (signs may be subtle) 	<ul style="list-style-type: none"> • 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 • Tissue: granulation frequently present; necrotic tissue variable, gangrene uncommon • Infection: frequent • Reflexes usually diminished • Altered gait; orthopedic deformities common

Venous Insufficiency (Stasis)	Arterial Insufficiency	Peripheral Neuropathy (Diabetic)
Perfusion		
<p>Pain</p> <ul style="list-style-type: none"> Minimal unless infected or desiccated. <p>Peripheral Pulses</p> <ul style="list-style-type: none"> Present/Palpable <p>Capillary Refill</p> <ul style="list-style-type: none"> Normal-less than 3 seconds 	<p>Pain</p> <ul style="list-style-type: none"> Intermittent Claudication Resting Positional Nocturnal <p>Peripheral Pulses</p> <ul style="list-style-type: none"> Absent or diminished <p>Capillary Refill</p> <ul style="list-style-type: none"> Delayed — more than 3 seconds ABI < 0.8 	<p>Pain</p> <ul style="list-style-type: none"> Diminished sensitivity to touch Reduced response to pin prick usually painless <p>Peripheral Pulses</p> <ul style="list-style-type: none"> Palpable/Present <p>Capillary Refill</p> <ul style="list-style-type: none"> Normal
Treatment		
<p>Measures To Improve Venous Return</p> <ul style="list-style-type: none"> Surgical obliteration of damaged veins Elevation of legs Compression therapy to provide at least 30mm hg compression @ ankle <p>Options:</p> <ul style="list-style-type: none"> Short stretch bandages (e.g. Setopress, Surepress, Comprilan) Therapeutic support stockings Unna's boot Profore 4 layer wrap Compression pumps <p>Topical Therapy</p> <p>Goals:</p> <ul style="list-style-type: none"> Absorb exudate (e.g. alginate, foam) Maintain moist wound surface (e.g. hydrocolloid) 	<p>Measures To Improve Tissue Perfusion</p> <ul style="list-style-type: none"> 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) <p>Topical Therapy</p> <ul style="list-style-type: none"> Dry uninfected necrotic wound: KEEP DRY Dry infected wound: IMMEDIATE referral for surgical debridement/ aggressive antibiotic therapy Open wound <ul style="list-style-type: none"> Moist wound healing Non-occlusive dressings (e.g. solid hydrogels) or cautious use of occlusive dressings Aggressive treatment of any infection 	<p>Measures To Eliminate Trauma</p> <ul style="list-style-type: none"> Pressure relief for heel 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) <p>Topical Therapy</p> <ul style="list-style-type: none"> Cautious use of occlusive dressings Dressing to absorb exudate/keep surface moist