



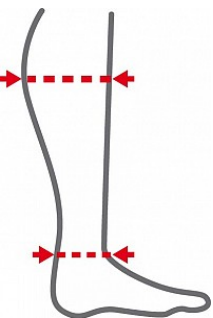
Saskatchewan Lower Extremity Wound Pathway		Client info:	
LOWER LEG ASSESSMENT FORM			
Date of assessment:			
Location of assessment:			
SOCIAL HISTORY:		HISTORY OF LEG ULCERS:	
Occupation: _____		Previous history of leg ulcers <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lives: <input type="checkbox"/> alone <input type="checkbox"/> with spouse <input type="checkbox"/> long term care		If yes: Year of first occurrence _____	
<input type="checkbox"/> with family (specify): _____		Date of onset of current ulcer: _____	
<input type="checkbox"/> other (specify): _____		Location: _____	
Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Use of aid(s) _____		Previous use of compression bandages/stockings <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Bed/chair bound <input type="checkbox"/> Assistance from other person		Age of stockings: _____	
Comment: _____		Comment: _____	
HEALTH HISTORY that may be associated with vascular disease			
<input type="checkbox"/> No pertinent history	<input type="checkbox"/> Rest pain/night pain	<input type="checkbox"/> Stroke/TIA	
<input type="checkbox"/> Family history of leg ulcers	<input type="checkbox"/> Lower extremity arterial disease	<input type="checkbox"/> Diabetes (o type 1 o type 2)	
<input type="checkbox"/> Varicose veins	<input type="checkbox"/> Intermittent claudication	<input type="checkbox"/> Rheumatoid arthritis	
<input type="checkbox"/> Deep vein thrombosis affected leg	<input type="checkbox"/> Angina	<input type="checkbox"/> Renal disease	
<input type="checkbox"/> Deep vein thrombosis unaffected leg	<input type="checkbox"/> Hypertension diagnosis	<input type="checkbox"/> Phlebitis	
<input type="checkbox"/> Venous surgery	<input type="checkbox"/> Heart failure	<input type="checkbox"/> Vasculitis	
<input type="checkbox"/> Injection sclerotherapy	<input type="checkbox"/> Myocardial infarction	<input type="checkbox"/> Inflammatory bowel disease	
<input type="checkbox"/> Trauma/Fracture of leg(s)	<input type="checkbox"/> Past Smoker: Quit When? _____	<input type="checkbox"/> Malignancy	
<input type="checkbox"/> Pulmonary embolism	<input type="checkbox"/> Current smoker: # cigarettes/day: _____		
<input type="checkbox"/> Pregnancies # _____	<input type="checkbox"/> Vascular surgery lower limbs: Location _____		
<input type="checkbox"/> Osteoarthritis	<input type="checkbox"/> Amputation (specify location) _____		
MEDICATIONS:			
Medication prescribed for leg/foot pain? <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____			
Other medications <input type="checkbox"/> see attached list/PIP <input type="checkbox"/> review medication reconciliation form			
Allergies (latex, ointments, medications) <input type="checkbox"/> No <input type="checkbox"/> Yes (describe): _____			
LOWER LEG ASSESSMENT: (Mark all appropriate boxes)			
	Signs of Venous Disease	Signs of Arterial/Ischemic	Signs of Diabetic/Neuropathic
TEMP 	<input type="checkbox"/> <input type="checkbox"/> Warm (may be cool with edema) Comment: _____	<input type="checkbox"/> <input type="checkbox"/> Cool/cold limb/foot in warm environment <input type="checkbox"/> <input type="checkbox"/> Lower temperature in one leg compared to other	<input type="checkbox"/> <input type="checkbox"/> Warm Comment: _____
COLOUR	<input type="checkbox"/> <input type="checkbox"/> Hemosiderin staining (brown staining)	<input type="checkbox"/> <input type="checkbox"/> Dependent rubor <input type="checkbox"/> <input type="checkbox"/> Pallor on elevation above hip level Comment: _____	<input type="checkbox"/> <input type="checkbox"/> Normal Skin Tones Comment: _____
PAIN	<input type="checkbox"/> <input type="checkbox"/> Heavy, aching legs <input type="checkbox"/> <input type="checkbox"/> With deep palpation <input type="checkbox"/> <input type="checkbox"/> Relieved by: Comment: _____	<input type="checkbox"/> <input type="checkbox"/> Nocturnal pain <input type="checkbox"/> <input type="checkbox"/> Knife-like pain <input type="checkbox"/> <input type="checkbox"/> Pain at rest/ legs elevated <input type="checkbox"/> <input type="checkbox"/> Intermittent claudication <input type="checkbox"/> <input type="checkbox"/> Calf/leg/gluteal pain when walking How far can client walk without pain: _____	<input type="checkbox"/> <input type="checkbox"/> Numbness <input type="checkbox"/> <input type="checkbox"/> Tingling <input type="checkbox"/> <input type="checkbox"/> Burning <input type="checkbox"/> <input type="checkbox"/> No pain/sensation
	<input type="checkbox"/> <input type="checkbox"/> No pain <input type="checkbox"/> <input type="checkbox"/> Other pain (describe): _____		Pain scale: 0-1-2-3-4-5-6-7-8-9-10

Saskatchewan Lower Extremity Wound Pathway LOWER LEG ASSESSMENT FORM	Client info:
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	Signs of Venous Disease	Signs of Arterial/Ischemic	Signs of Diabetic/Neuropathic
SKIN/ NAIL 	<input type="checkbox"/> <input type="checkbox"/> Atrophie Blanche <input type="checkbox"/> <input type="checkbox"/> Lipodermatosclerosis (Woody fibrosis) <input type="checkbox"/> <input type="checkbox"/> Champagne bottle leg <input type="checkbox"/> <input type="checkbox"/> Ankle Flare <input type="checkbox"/> <input type="checkbox"/> Stasis dermatitis <input type="checkbox"/> <input type="checkbox"/> Venous eczema	<input type="checkbox"/> <input type="checkbox"/> Shiny, thin skin <input type="checkbox"/> <input type="checkbox"/> Loss of hair growth <input type="checkbox"/> <input type="checkbox"/> Thickened nails <input type="checkbox"/> <input type="checkbox"/> Eschar (describe): Comments:	<input type="checkbox"/> <input type="checkbox"/> No sweating in feet <input type="checkbox"/> <input type="checkbox"/> Excessive sweating in feet <input type="checkbox"/> <input type="checkbox"/> Xerosis (Cracks, fissures) <input type="checkbox"/> <input type="checkbox"/> Hyperkeratosis (callus) <input type="checkbox"/> <input type="checkbox"/>
CAPILLARY REFILL	<input type="checkbox"/> <input type="checkbox"/> 3 seconds or less	<input type="checkbox"/> <input type="checkbox"/> Greater than 3 seconds	Capillary refill time: R ____ L ____
PULSES	<input type="checkbox"/> <input type="checkbox"/> Palpable Dorsalis Pedis (DP) <input type="checkbox"/> <input type="checkbox"/> Palpable Posterior tibial (PT)	<input type="checkbox"/> <input type="checkbox"/> Diminished or absent DP <input type="checkbox"/> <input type="checkbox"/> Diminished or absent PT	<input type="checkbox"/> <input type="checkbox"/> Bounding pulses DP <input type="checkbox"/> <input type="checkbox"/> Bounding pulses PT
WOUND LOCATION	<input type="checkbox"/> <input type="checkbox"/> Gaiter Area (lower 1/3 of calf) <input type="checkbox"/> <input type="checkbox"/> Comment:	<input type="checkbox"/> <input type="checkbox"/> Foot <input type="checkbox"/> <input type="checkbox"/> Digits/toes	<input type="checkbox"/> <input type="checkbox"/> Beneath Callus/plantar <input type="checkbox"/> <input type="checkbox"/> Bony prominences

PROBABLE ETIOLOGY: Venous Arterial/Ischemic Diabetic/ Neuropathic Mixed Atypical

Comment:

EDEMA DISTRIBUTION	EDEMA SEVERITY	CIRCUMFERENCE MEASUREMENTS (CM)								
<input type="checkbox"/> <input type="checkbox"/> Foot <input type="checkbox"/> <input type="checkbox"/> Up to Ankle <input type="checkbox"/> <input type="checkbox"/> Up to mid-calf <input type="checkbox"/> <input type="checkbox"/> Up to knee <input type="checkbox"/> <input type="checkbox"/> Up to groin <input type="checkbox"/> <input type="checkbox"/> No visible edema Comment:	<input type="checkbox"/> <input type="checkbox"/> Non-pitting <input type="checkbox"/> <input type="checkbox"/> Pitting <input type="checkbox"/> <input type="checkbox"/> Brawny induration/ edema	 <p>Calf: widest circumference ____ cm up from heel</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Right</td> <td style="width:50%;">Left</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <p>Ankle: 2.5 cm above malleoli</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Right</td> <td style="width:50%;">Left</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Right	Left			Right	Left		
Right	Left									
Right	Left									

POSITIVE STEMMER'S SIGN Consider decongestive therapy referral for significant, unresolved lymphedema.

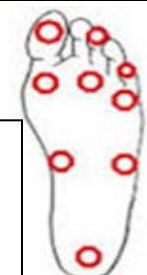
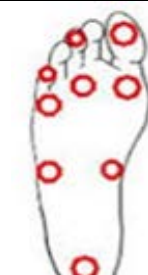
FOOT ASSESSMENT	TOENAIL ASSESSMENT
<input type="checkbox"/> <input type="checkbox"/> Bunion(s) <input type="checkbox"/> <input type="checkbox"/> Callus(s) <input type="checkbox"/> <input type="checkbox"/> Corn(s) <input type="checkbox"/> <input type="checkbox"/> Dropped metatarsal head(s) <input type="checkbox"/> <input type="checkbox"/> Hammertoe(s) <input type="checkbox"/> <input type="checkbox"/> Crossed toes <input type="checkbox"/> <input type="checkbox"/> Fissures	<input type="checkbox"/> <input type="checkbox"/> Cracks between toes <input type="checkbox"/> <input type="checkbox"/> High arch/instep (Pes cavus) <input type="checkbox"/> <input type="checkbox"/> Abnormal skin dryness <input type="checkbox"/> <input type="checkbox"/> Acute Charcot presentation <input type="checkbox"/> <input type="checkbox"/> Chronic Charcot presentation <input type="checkbox"/> <input type="checkbox"/> Blister(s) location: <input type="checkbox"/> <input type="checkbox"/> Other
<input type="checkbox"/> <input type="checkbox"/> Incorrect length - short <input type="checkbox"/> <input type="checkbox"/> Incorrect length - long <input type="checkbox"/> <input type="checkbox"/> Ingrown/involved <input type="checkbox"/> <input type="checkbox"/> Thickened <input type="checkbox"/> <input type="checkbox"/> Discolored <input type="checkbox"/> <input type="checkbox"/> Ridged/Brittle <input type="checkbox"/> <input type="checkbox"/> Diagnosed fungal infection	

Range of Motion ANKLE	Range of Motion KNEE	Range of Motion GREAT TOE
<input type="checkbox"/> <input type="checkbox"/> Decreased	<input type="checkbox"/> <input type="checkbox"/> Decreased	<input type="checkbox"/> <input type="checkbox"/> Decreased/Halux rigidus (stiff toe)

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FOOTWEAR

<input type="checkbox"/> <input type="checkbox"/> Orthotics/offloading footwear	<input type="checkbox"/> <input type="checkbox"/> Evidence of wear/pressure points in footwear
<input type="checkbox"/> <input type="checkbox"/> Shoes not worn at all times in/outdoor	<input type="checkbox"/> <input type="checkbox"/> Poorly fitting/improper footwear
<input type="checkbox"/> <input type="checkbox"/> Areas of foot exposed to repetitive trauma	Comments:

PULSE (Doppler): Dorsalis Pedis (DP)	PULSE (Doppler): Posterior Tibial (PT)	SENSATION: Monofilament Test (10g)	
<input type="checkbox"/> <input type="checkbox"/> Present	<input type="checkbox"/> <input type="checkbox"/> Present	<input type="radio"/> Dorsum Score right: <div style="border: 1px solid black; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center;">/10</div> 	<input type="radio"/> Dorsum Score left: <div style="border: 1px solid black; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center;">/10</div> 
<input type="checkbox"/> <input type="checkbox"/> Diminished	<input type="checkbox"/> <input type="checkbox"/> Diminished		
<input type="checkbox"/> <input type="checkbox"/> Not audible	<input type="checkbox"/> <input type="checkbox"/> Not audible		
<input type="checkbox"/> <input type="checkbox"/> Triphasic	<input type="checkbox"/> <input type="checkbox"/> Triphasic		
<input type="checkbox"/> <input type="checkbox"/> Biphasic	<input type="checkbox"/> <input type="checkbox"/> Biphasic		
<input type="checkbox"/> <input type="checkbox"/> Monophasic	<input type="checkbox"/> <input type="checkbox"/> Monophasic		

CIRCULATION:

<input type="checkbox"/> <input type="checkbox"/> Unable to compress arteries	ABPI Value
Ankle brachial pressure index: (ABPI)= highest systolic ankle pressure (DP or PT) divided by the highest systolic brachial pressure (left or right)	Greater than 1.3: incompressible contact most responsible provider
Right brachial pressure:	Left brachial pressure:
Right ankle pressure: DP <input type="text"/> PT <input type="text"/>	Left ankle pressure: DP <input type="text"/> PT <input type="text"/>
Right ABPI score	Left ABPI score
Toe brachial pressure index: (TBPI) = highest systolic toe pressure divided by the highest systolic brachial pressure (left or right)	TBPI Value
Right toe pressure	Left toe pressure
Right TBPI score	Left TBPI score
	Greater than or equal to 0.7: normal 0.8 to 1.3: normal 0.5 to 0.79: modified compression if appropriate following comprehensive assessment, or contact most responsible provider Less than or equal to 0.49: compress if ordered by specialist 0.41-0.69: modified compression if appropriate Less than or equal to 0.4: compression not indicated

PSYCHOSOCIAL CONSIDERATIONS:

Wound(s) affects: quality of life ability to work interactions with family/friends mental health other
Comments:

PREVIOUS PROFESSIONAL REFERRALS: Note date referred if possible

<input type="checkbox"/> Podiatry	<input type="checkbox"/> Diabetes educator	<input type="checkbox"/> Social work	<input type="checkbox"/> Other:
<input type="checkbox"/> Orthotist	<input type="checkbox"/> Home Care	<input type="checkbox"/> Community programs	
<input type="checkbox"/> OT/PT	<input type="checkbox"/> Dietitian	<input type="checkbox"/> specialist(s)	
<input type="checkbox"/> Other certified fitter	<input type="checkbox"/> Wound clinician nurse		

Saskatchewan Lower Extremity Wound Pathway LOWER LEG ASSESSMENT FORM	Client info:
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BASELINE WOUND MEASUREMENT (CM) : Length _____ Width _____ Depth _____ **See Wound Record**

INFECTION SUSPECTED **R** **L** See below.

Infection in diabetic foot wounds: Infection needs to be recognized and treated early as it can rapidly become limb threatening. **If any of these signs/symptoms are present contact the wound clinician nurse and family physician/NP.**

- | | | |
|--|---|---|
| <input type="checkbox"/> Greater than 2 cm of redness ^{2 4} | <input type="checkbox"/> Foul odor ^{2 3} | <input type="checkbox"/> Increased pain ^{3 4} |
| <input type="checkbox"/> Wound breakdown ³ | <input type="checkbox"/> Local inflammatory response (warmth, swelling) | <input type="checkbox"/> Probe to bone ^{2 3 4} |
| <input type="checkbox"/> Friable granulation tissue ³ | <input type="checkbox"/> Increased amount of exudate | |

¹Lipsky B. *Infectious Problems of the Foot in Diabetic Patients*. In: Levin and O'Neal's *The Diabetic Foot* 6th ed. 2001. Mosby Inc., ²Lipsky et al. 2012 Infectious Diseases Society of America *Clinical Practice Guideline for the Diagnosis and Treatment of Diabetic Foot Infections*, ³Botros et al. *Best Practice Recommendations for the Prevention, Diagnosis and Treatment of Diabetic Foot Ulcers: Update 2010*, ⁴International Best Practice Guidelines: *Wound management in Diabetic Foot Ulcers*. Wounds International. 2013.

Localized infection: If 3 or more signs/symptoms are present add a topical antimicrobial contact layer to the wound dressing and contact the wound clinician nurse.

- | | | |
|---|--|---|
| <input type="checkbox"/> Delayed wound healing | <input type="checkbox"/> New areas of necrotic slough (yellow/grey/cream colored tissue) | <input type="checkbox"/> Odour after wound cleansing |
| <input type="checkbox"/> Friable(bleeds easily) | <input type="checkbox"/> Increased amount of exudate | <input type="checkbox"/> Increased wound size and/or development of sinus tracts and/or satellite wounds next to the original wound |
| <input type="checkbox"/> Hypergranulation (raised, deep/bright red, friable) tissue | <input type="checkbox"/> Change in characteristics of exudate from watery and serous to purulent (thickened, greenish or yellow/white fluid) | <input type="checkbox"/> New or increased Pain |
| <input type="checkbox"/> Epithelial bridging and granulation tissue pocketing | | |

Classic signs of local infection: If 3 or more signs/symptoms are present add a topical antimicrobial contact layer to the wound dressing and contact the most responsible provider for microbiological direction.

- | | | |
|---|---|---|
| <input type="checkbox"/> Peri wound induration (firm edema) greater than/equal to 2cm | <input type="checkbox"/> Increased peri wound warmth | <input type="checkbox"/> Purulent exudate (thickened, greenish or yellow/white fluid) |
| <input type="checkbox"/> Peri wound erythema (redness) greater than/equal to 2cm | <input type="checkbox"/> Increased wound size and/or development of sinus tracts and/or satellite wounds next to the original wound | <input type="checkbox"/> Onset of wound pain or increasing pain |

Spreading infection: If any of these signs/symptoms are present contact the most responsible provider for review of the patient immediately or activate EMS. Systemic infection leads to septic shock and potentially multi organ failure.

- | | | |
|---|---|--|
| <input type="checkbox"/> Lethargy/general feeling of being unwell | <input type="checkbox"/> Rigor / chills | <input type="checkbox"/> Increased swelling and tissue turgor (induration +/- redness) |
| <input type="checkbox"/> Fever (may be muted in clients who are elderly or immunocompromised) | <input type="checkbox"/> Crepitus | <input type="checkbox"/> Swollen lymph glands |
| <input type="checkbox"/> Change in behaviour or cognition (especially in elderly clients) | <input type="checkbox"/> Unexplained high blood sugar (in clients who are diabetic) | <input type="checkbox"/> Wound breakdown with or without satellite lesions |

Sibbald, G., et al. (2006). Increased bacterial burden and infection: The story of NERDS and STONES. *Advances in Skin and Wound Care*, 19(8): 158. *Guideline: Assessment and Treatment of Lower Limb Ulcers (Arterial, Venous, & Mixed) in Adults*. International Wound Infection Institute (IWII) Wound infection in clinical practice. *Wound International* 2016 <http://www.woundinfection-institute.com/wp-content/uploads/2017/03/IWII-Wound-infection-in-clinical-practice.pdf>

Date (dd/mm/yy)	Time	Signature, Designation	Printed Name