



# CLINICAL FACT SHEET ♦ QUICK ASSESSMENT OF LEG ULCERS

	<b>VENOUS INSUFFICIENCY (STASIS)</b>	<b>ARTERIAL INSUFFICIENCY</b>	<b>PERIPHERAL NEUROPATHY (DIABETIC)</b>
<b>HISTORY</b>	<ul style="list-style-type: none"> <li>◆ Previous DVT &amp; Varicosities</li> <li>◆ Reduced mobility</li> <li>◆ Obesity</li> <li>◆ Vascular Ulcers</li> <li>◆ Phlebitis</li> <li>◆ Traumatic Injury</li> <li>◆ CHF</li> <li>◆ Orthopedic procedures</li> <li>◆ Pain reduced by elevation</li> </ul>	<ul style="list-style-type: none"> <li>◆ Diabetes</li> <li>◆ Anemia</li> <li>◆ Arthritis</li> <li>◆ Increased pain with activity and/or elevation</li> <li>◆ CVA</li> <li>◆ Smoking</li> <li>◆ Intermittent claudication</li> <li>◆ Traumatic injury to extremity</li> <li>◆ Vascular procedures/surgeries</li> <li>◆ Hypertension</li> <li>◆ Hyperlipidemia</li> <li>◆ Arterial Disease</li> </ul>	<ul style="list-style-type: none"> <li>◆ Diabetes</li> <li>◆ Spinal cord injury</li> <li>◆ Hansen's Disease</li> <li>◆ Relief of pain with ambulation</li> <li>◆ Parasthesia of extremities</li> </ul>
<b>LOCATION</b>	<ul style="list-style-type: none"> <li>◆ Medial aspect of lower leg and ankle</li> <li>◆ Superior to medial malleolus</li> </ul>	<ul style="list-style-type: none"> <li>◆ Toe tips or web spaces</li> <li>◆ Phalangeal heads around lateral malleolus</li> <li>◆ Areas exposed to pressure or repetitive trauma</li> </ul>	<ul style="list-style-type: none"> <li>◆ Plantar aspect of foot</li> <li>◆ Metatarsal heads</li> <li>◆ Heels</li> <li>◆ Altered pressure points/sites of painless trauma/repetitive stress</li> </ul>
<b>APPEARANCE</b>	<ul style="list-style-type: none"> <li>◆ Color: base ruddy</li> <li>◆ Surrounding Skin: erythema (venous dermatitis) and/or brown staining (hyperpigmentation)</li> <li>◆ Depth: usually shallow</li> <li>◆ Wound Margins: irregular</li> <li>◆ Exudate: moderate of heavy</li> <li>◆ Edema: pitting or non-pitting; possible induration and cellulitis</li> <li>◆ Skin Temp: normal; warm to touch</li> <li>◆ Granulation: frequently present</li> <li>◆ Infection: less common</li> </ul>	<ul style="list-style-type: none"> <li>◆ Color: base of wound, pale/pallor on elevation; dependent rubor</li> <li>◆ Skin: shiny, taut, thin, dry, hair loss of lower extremities, atrophy of subcutaneous tissue</li> <li>◆ Depth: deep</li> <li>◆ Wound Margins: even</li> <li>◆ Exudate: minimal</li> <li>◆ Edema: variable</li> <li>◆ Skin Temp: decreased/cold</li> <li>◆ Granulation Tissue: rarely present</li> <li>◆ Infection: frequent (signs may be subtle)</li> <li>◆ Necrosis, eschar, gangrene may be present</li> </ul>	<ul style="list-style-type: none"> <li>◆ Color: normal skin tones; trophic skin changes, fissuring and/or callus formation</li> <li>◆ Depth: variable</li> <li>◆ Wound Margins: well defined</li> <li>◆ Exudate: variable</li> <li>◆ Edema: cellulitis, erythema and induration common</li> <li>◆ Skin Temp: warm</li> <li>◆ Granulation Tissue: frequently present</li> <li>◆ Infection: frequent</li> <li>◆ Necrotic tissue variable, gangrene uncommon</li> <li>◆ Reflexes usually diminished</li> <li>◆ Altered gait; orthopedic deformities common</li> </ul>

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<b>PERFUSION</b>	<p><b>PAIN</b></p> <ul style="list-style-type: none"> <li>♦ Minimal unless infected or desiccated.</li> </ul> <p><b>PERIPHERAL PULSES</b></p> <ul style="list-style-type: none"> <li>♦ Present/Palpable</li> </ul> <p><b>CAPILLARY REFILL</b></p> <ul style="list-style-type: none"> <li>♦ Normal-less than 3 seconds</li> </ul>	<p><b>PAIN</b></p> <ul style="list-style-type: none"> <li>♦ Intermittent Claudication</li> <li>♦ Resting</li> <li>♦ Positional</li> <li>♦ Nocturnal</li> </ul> <p><b>PERIPHERAL PULSES</b></p> <ul style="list-style-type: none"> <li>♦ Absent or diminished</li> </ul> <p><b>CAPILLARY REFILL</b></p> <ul style="list-style-type: none"> <li>♦ Delayed -- more than 3 seconds</li> <li>♦ ABI &lt; 0.8</li> </ul>	<p><b>PAIN</b></p> <ul style="list-style-type: none"> <li>♦ Diminished sensitivity to touch</li> <li>♦ Reduced response to pin prick usually painless</li> </ul> <p><b>PERIPHERAL PULSES</b></p> <ul style="list-style-type: none"> <li>♦ Palpable/Present</li> </ul> <p><b>CAPILLARY REFILL</b></p> <ul style="list-style-type: none"> <li>♦ Normal</li> </ul>
<b>TREATMENT</b>	<p><b>MEASURES TO IMPROVE VENOUS RETURN</b></p> <ul style="list-style-type: none"> <li>♦ Surgical obliteration of damaged veins</li> <li>♦ Elevation of legs</li> <li>♦ Compression therapy to provide at least 30mm hg compression @ ankle</li> </ul> <p><b>Options:</b></p> <ul style="list-style-type: none"> <li>- Short stretch bandages (e.g. Setopress, Surepress, Comprilan)</li> <li>- Therapeutic support stockings</li> <li>- Unna's boot</li> <li>- Profore 4 layer wrap</li> <li>- Compression pumps</li> </ul> <p><b>TOPICAL THERAPY</b></p> <p><b>Goals:</b></p> <ul style="list-style-type: none"> <li>- Absorb exudate (e.g. alginate, foam)</li> <li>- Maintain moist wound surface (e.g. hydrocolloid)</li> </ul>	<p><b>MEASURES TO IMPROVE TISSUE PERFUSION</b></p> <ul style="list-style-type: none"> <li>♦ Revascularization if possible</li> <li>♦ Medications to improve RBC transit through narrowed vessels</li> <li>♦ Lifestyle changes (no tobacco, no caffeine, no constrictive garments, avoidance of cold)</li> <li>♦ Hydration</li> <li>♦ Measures to prevent trauma to tissues (appropriate footwear at ALL times)</li> </ul> <p><b>TOPICAL THERAPY</b></p> <ul style="list-style-type: none"> <li>♦ Dry uninfected necrotic wound: <b>KEEP DRY</b></li> <li>♦ Dry infected wound: <b>IMMEDIATE</b> referral for surgical debridement/aggressive antibiotic therapy</li> <li>♦ Open wound           <ul style="list-style-type: none"> <li>- Moist wound healing</li> <li>- Non-occlusive dressings (e.g. solid hydrogels) or <b>cautious</b> use of occlusive dressings</li> <li>- Aggressive treatment of any infection</li> </ul> </li> </ul>	<p><b>MEASURES TO ELIMINATE TRAUMA</b></p> <ul style="list-style-type: none"> <li>♦ Pressure relief for heal ulcers</li> <li>♦ "Offloading" for plantar ulcers (bedrest or contact casting or orthopedic shoes)</li> <li>♦ Appropriate footwear</li> <li>♦ Tight glucose control</li> <li>♦ Aggressive infection control (debridement of any necrotic tissue, orthopedic consult for exposed bone, antibiotic coverage)</li> </ul> <p><b>TOPICAL THERAPY</b></p> <ul style="list-style-type: none"> <li>♦ Cautious use of occlusive dressings</li> <li>♦ Dressing to absorb exudate/keep surface moist</li> </ul>

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If you would like assistance with your wound care needs, please contact **Pathway Health Services**.

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