LEG ULCER ASSESSMENT FORM

TRIAL ID: VISIT: Initial/3 months/6 months NEW REFERRALS & PRIOR TO COMPRESSION THERAPY

(CIRCLE APPROPRIATE RESPONSES)

TRIAL ID:				DATE GP			
NAME				GPSURGERY			
NAMEADDRESS				ASSESSOR:			
				POST	[CODE		
	E			ASSESSOR:			
DOB TEL NO				D	N/PN/C	NS	
MALE/FEMALE				CONTACT NO:			
MEDICAL HISTORY							
ANAEMIA	YES	NO	C				
DIABETES MELLITUS	YES	NO	О	PREVIOUS ULCERATION		R	L
OSTEOARTHRITIS	YES	NO	C	NO			
RHEUMATOID ARTHRITIS	YES	NO	C	VARICOSE VEINS		R	L
TIT IDED TEN IGION I	YES	NO	C	NO			
CARDIAC FAILURE/MI	YES	NO	C	DEEP VEIN THROMBOSIS		R	L
HYPERTENSION CARDIAC FAILURE/MI STROKE/TIA	YES	NO		NO			
OTHER/ILLNESSES/OPERATIONS				VEIN SURGERY/INJECTION		R	L
				NO			
		_		PHLEBITIS/CELLULITIS		R	L
				NO			
				FAMILY HISTORY		YES	/NO
				MEDICATION			
ALLERGIES/SENSITIVITIES				SMOKER	YES	S/NO	
ALLERGIES/SENSITIVITIES				SMOKER (If yes amount per da	YES	S/NO	
ALLERGIES/SENSITIVITIES				EX SMOKER	YES	S/NO	
MOBILITY: HOUSEBOUND/50 MTRS/1	MILE/ì	TOP	RESTR	EX SMOKER ICTED SLEEP	YES	S/NO	
MOBILITY: HOUSEBOUND/50 MTRS/1	MILE/ì	TOP	RESTR	EX SMOKER ICTED SLEEP	YES	S/NO	
MOBILITY: HOUSEBOUND/50 MTRS/1 ULCER PAIN: CONTINUOUS/INTI	MILE/I	TON EN	RESTR Γ/ONLY	EX SMOKER ICTED SLEEP AT DRESSING TIME	YES CHAIR	S/NO	BED
MOBILITY: HOUSEBOUND/50 MTRS/1 ULCER PAIN: CONTINUOUS/INTI HISTORY OF SWOLLEN LEG	MILE/I ERMITT R	NOT ENT L	RESTR Γ/ONLY NO	EX SMOKER ICTED SLEEP AT DRESSING TIME ACHING LEGS	YES CHAIR R	S/NO L	BED NO
MOBILITY: HOUSEBOUND/50 MTRS/1 ULCER PAIN: CONTINUOUS/INTI HISTORY OF SWOLLEN LEG INTERMITTENT CLAUDICATION	MILE/I ERMITT R	NOT ENT L	RESTR Γ/ONLY NO	EX SMOKER ICTED SLEEP AT DRESSING TIME ACHING LEGS	YES CHAIR R	S/NO L	BED NO
MOBILITY: HOUSEBOUND/50 MTRS/1 ULCER PAIN: CONTINUOUS/INTI HISTORY OF SWOLLEN LEG INTERMITTENT CLAUDICATION SIGNS	MILE/I ERMITT R R	NOT ENT L L	RESTR Γ/ONLY NO NO	EX SMOKER SICTED SLEEP AT DRESSING TIME ACHING LEGS REST PAIN ULCER DETAILS	YES CHAIR R R	L L	BED NO NO L
MOBILITY: HOUSEBOUND/50 MTRS/1 ULCER PAIN: CONTINUOUS/INTI HISTORY OF SWOLLEN LEG INTERMITTENT CLAUDICATION SIGNS OBVIOUS VARICOSITIES	MILE/I ERMITT R R R	NOT ENT L L L	RESTR Γ/ONLY NO NO	EX SMOKER ICTED SLEEP AT DRESSING TIME ACHING LEGS REST PAIN ULCER DETAILS DURATION OF ULCER(S)	YES CHAIR R R	L L	NO NO L
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CALF CIRCUMFERENCE: RLCM	<u>NO</u>
	BLOOD PRESSURE
ULCER SIZE (select largest ulcer)	DOPPLER ASSESSMENT
MAXIMUM WIDTH: R LCM MAXIMUM HEIGHT: R LCM	(Divide ankle by highest brachial systolic pressure)
MAXIMUM HEIGHT: R L CM	BRACHIAL SYSTOLIC PRESSURE R L
VISITRAK MEASUREMENT:-	
RIGHT: AreaWidthHeight LEFT: AreaWidthHeight	ANKLE SYSTOLIC PRESSURE
LEFT: Area Width Height	Right: Dorsalis Pedis Posterior Tibial
DDDGGDVG GVGGDV	
DRESSING CHOSEN R	Signal M / B / T Signal M / B / T
L	Left: Dorsalis Pedis Posterior Tibial
STORE THIS COPY WITH TREATMENT CARE PLAN	Signal M / B / T Signal M / B / T
STORE THIS COFT WITH TREATMENT CARE FLAN	
	(Signal: M=Monophasic B= Bi-phasic T=Tri-phasic)
	ANKLE PRESS INDEX R L
	ANKLE PRESS. INDEX
	REFERRAL TO:-GP/Consultant/Tissue Viability
	PATIENT INFO LEAFLET GIVEN YES NO
	BANDAGE COMBINATION: R
	HEAL DATE: RIGHT LEFT
	HEAL DATE: RIGHT LEFT

Weekly assessment form

LEG ULCER EVALUATION FORM

PATIENT NAME: TRIAL ID: LEG: LEFT/RIGHT

Trace wound every 4 weeks. Note: Condition of skin, plot area of granulation, slough and necrotic tissue on the tracing.

Date: Visit Number:				
Has bandage slipped	YES / NO	YES / NO	YES / NO	YES / NO
Previous Dressing: BATCH NO.				
Dressing:				
Primary				
Frequency of change				
Nature of Wound	(Circle all that apply)	(Circle all that apply)	(Circle all that apply)	(Circle all that apply)
bed:	Healthy granulation	Healthy granulation	Healthy granulation	Healthy granulation
Healthy granulation	Epithelialisation	Epithelialisation	Epithelialisation	Epithelialisation
Epithelialisation	Slough	Slough	Slough	Slough
Slough	Necrotic tissue	Necrotic tissue	Necrotic tissue	Necrotic tissue
Necrotic tissue	over granulation	over granulation	over granulation	over granulation
over granulation				
Exudate				
Colour	VEC /NO	VIEG /NO	VEC /NO	VIEG /NO
Strike through	YES / NO YES / NO	YES / NO YES / NO	YES / NO YES / NO	YES / NO YES / NO
Odour YES/NO	II.			
Pain: Continuous/intermittent	Please circle	Please circle	Please circle	Please circle
/only at dressing time	continuous/intermittent	continuous/intermittent	continuous/intermitten	continuous/intermittent/
Scale 0 - 10 =	/only at dressing time Scale 0 - 10 =	/only at dressing time Scale 0 - 10 =	l /amlss at desaging time	only at dressing time Scale 0 - 10 =
Scale 0 - 10 -	Scale 0 - 10 -	Scale 0 - 10 -	/only at dressing time Scale 0 - 10 =	Scale 0 - 10 -
Condition of	Please circle	Please circle	Please circle	Please circle
Surrounding				
Skin:	Wet eczema	Wet eczema	Wet eczema	Wet eczema
Wet eczema	Dry eczema	Dry eczema	Dry eczema	Dry eczema
Dry eczema	Healthy	Healthy	Healthy	Healthy
Healthy	Maceration	Maceration	Maceration	Maceration
Maceration	Oedema/oozing serous	Oedema/oozing serous	Oedema/oozing serous	Oedema/oozing serous
Oedema/oozing serous	fluid	fluid	fluid	fluid
fluid				
Leg Re-shaping	please circle	please circle	please circle	please circle
	Ankle/Calf/Shin	Ankle/Calf/Shin	Ankle/Calf/Shin	Ankle/Calf/Shin
Bandage regime	Standard 4-layer	Standard 4-layer	Standard 4-layer	Standard 4-layer
	Short stretch	Short stretch	Short stretch	Short stretch
	Other	Other	Other	Other
Visitrak tracing taken				
(Take 4-weekly)	YES/NO	YES/NO	YES/NO	YES/NO
New medication				
Advance Events	VECNO	YES/NO	YES/NO	VEC/NO
Adverse Events Describe	YES/NO	I ES/NU	Y ES/INU	YES/NO
Referral to CNS/GP	YES/NO (Date)	YES/NO (Date)	YES/NO (Date)	YES/NO (Date)
Referral to Consultant	YES/NO (Date)	YES/NO (Date)	YES/NO (Date)	YES/NO (Date)

In Patient Stay (Reason)				
Dressing Management Rationale for change	Changed / continued	Changed / continued	Changed / continued	Changed / continued
Heal Date				
Wound Assessed by	CNS / DN / Res N			