# LEG ULCER ASSESSMENT FORM

**TRIAL ID:** **VISIT: Initial/3 months/6 months**

**NEW REFERRALS & PRIOR TO COMPRESSION THERAPY**

(CIRCLE APPROPRIATE RESPONSES)

**PERSONAL DETAILS**
**TRIAL ID:** _____
NAME _____
ADDRESS _____
_____
_____POSTCODE _____
DOB _____ TEL NO. _____
MALE/FEMALE _____

**MEDICAL HISTORY**

| | | |
|---|---|---|
| ANAEMIA | YES | NO |
| DIABETES MELLITUS | YES | NO |
| OSTEOARTHRITIS | YES | NO |
| RHEUMATOID ARTHRITIS | YES | NO |
| HYPERTENSION | YES | NO |
| CARDIAC FAILURE/MI | YES | NO |
| STROKE/TIA | YES | NO |

OTHER/ILLNESSES/OPERATIONS_____
_____

DATE _____
GP _____
SURGERY _____
_____
_____ POSTCODE _____
ASSESSOR:
_____DN/PN/CNS
CONTACT NO: _____
_____
__

| | | |
|---|---|---|
| PREVIOUS ULCERATION | R | L |
| NO | | |
| VARICOSE VEINS | R | L |
| NO | | |
| DEEP VEIN THROMBOSIS | R | L |
| NO | | |
| VEIN SURGERY/INJECTION | R | L |
| NO | | |
| PHLEBITIS/CELLULITIS | R | L |
| NO | | |

FAMILY HISTORY YES/NO
**MEDICATION** _____
_____
_____
_____

ALLERGIES/SENSITIVITIES_____
_____

SMOKER YES/NO
(If yes amount per day) _____
EX SMOKER YES/NO

MOBILITY: HOUSEBOUND/50 MTRS/1 MILE/NOT RESTRICTED SLEEP CHAIR BED

**ULCER PAIN :** CONTINUOUS/INTERMITTENT/ONLY AT DRESSING TIME

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| HISTORY OF SWOLLEN LEG | R | L | NO | ACHING LEGS | R | L | NO |
| INTERMITTENT CLAUDICATION | R | L | NO | REST PAIN | R | L | NO |

**SIGNS**

| | | | |
|---|---|---|---|
| OBVIOUS VARICOSITIES | R | L | NO |
| OEDEMA | R | L | NO |
| ECZEMA (VENOUS) | R | L | NO |
| STAINING | R | L | NO |
| INDURATION | R | L | NO |
| ATROPHIE BLANCHE | R | L | NO |
| ANKLE FLARE | R | L | NO |
| SHINY TAUT SKIN | R | L | NO |
| FOOT WHITE ON ELEVATION | R | L | NO |
| FOOT DUSKY ON DEPENDENCY | R | L | NO |
| PRESENCE OF GANGRENE | R | L | NO |
| ANKLE FIXED | R | L | NO |
| HIP FIXED | R | L | NO |

_____
DIET: NORMAL/POOR/INADEQUATE/SPECIAL
WEIGHT: LOSING/STATIC/GAINING
BLOOD SUGAR _____ MMOLS
ANKLE CIRCUMFERENCE: R_____ L_____ CM

**ULCER DETAILS** R L
DURATION OF ULCER(S) _____
CURRENT SITE(S) _____
_____

| | | |
|---|---|---|
| SLOUGH | R | L |
| NONE | | |
| NECROSIS | R | L |
| NONE | | |
| GRANULATION | R | L |
| NONE | | |
| EPITHELIALIZING | R | L |
| NONE | | |
| EXUDATE | R | L |
| NONE | | |

AMOUNT/COLOUR
_____

| | | |
|---|---|---|
| ODOUR | R | L |
| NONE | | |

SWAB TAKEN YES

CALF CIRCUMFERENCE: R_____L_____ CM

**ULCER SIZE** (select largest ulcer)
MAXIMUM WIDTH: R_____ L _____CM
MAXIMUM HEIGHT: R _____ L _____ CM

**VISITRAK MEASUREMENT**:-
RIGHT: Area _____Width _____ Height _____
LEFT: Area _____ Width _____ Height _____

DRESSING CHOSEN R _____
L _____

**STORE THIS COPY WITH TREATMENT CARE PLAN**

NO
**BLOOD PRESSURE** _____
**DOPPLER ASSESSMENT**
(Divide ankle by highest brachial systolic pressure)
BRACHIAL SYSTOLIC PRESSURE R _____ L _____

ANKLE SYSTOLIC PRESSURE
**Right**: Dorsalis Pedis _____ Posterior Tibial _____
Signal M / B / T Signal M / B / T
**Left**: Dorsalis Pedis _____ Posterior Tibial _____
Signal M / B / T Signal M / B / T
(Signal: M=Monophasic B= Bi-phasic T=Tri-phasic)

ANKLE PRESS. INDEX R _____ L _____
**DIAGNOSIS: R _____ L _____**
REFERRAL TO:-GP/Consultant/Tissue Viability
PATIENT INFO LEAFLET GIVEN YES NO
BANDAGE COMBINATION: R _____
L _____
**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:**<br>**Visit Number:** | | | | |
|---|---|---|---|---|
| **Has bandage slipped** | **YES / NO** | **YES / NO** | **YES / NO** | **YES / NO** |
| **Previous Dressing:**<br>**BATCH NO.**<br><br>**Dressing:**<br>**Primary**<br>**Frequency of change** | | | | |
| **Nature of Wound bed:**<br>Healthy granulation<br>Epithelialisation<br>Slough<br>Necrotic tissue over granulation | *(Circle all that apply)*<br>Healthy granulation<br>Epithelialisation<br>Slough<br>Necrotic tissue over granulation | *(Circle all that apply)*<br>Healthy granulation<br>Epithelialisation<br>Slough<br>Necrotic tissue over granulation | *(Circle all that apply)*<br>Healthy granulation<br>Epithelialisation<br>Slough<br>Necrotic tissue over granulation | *(Circle all that apply)*<br>Healthy granulation<br>Epithelialisation<br>Slough<br>Necrotic tissue over granulation |
| **Exudate**<br>Colour<br>Strike through | **YES / NO** | **YES / NO** | **YES / NO** | **YES / NO** |
| **Odour YES / NO** | **YES / NO** | **YES / NO** | **YES / NO** | **YES / NO** |
| **Pain:**<br>Continuous/intermittent /only at dressing time<br>Scale 0 - 10 = | *Please circle*<br>continuous/intermittent /only at dressing time<br>Scale 0 - 10 = | *Please circle*<br>continuous/intermittent /only at dressing time<br>Scale 0 - 10 = | *Please circle*<br>continuous/intermittent<br>/only at dressing time<br>Scale 0 - 10 = | *Please circle*<br>continuous/intermittent/ only at dressing time<br>Scale 0 - 10 = |
| **Condition of Surrounding Skin:**<br>Wet eczema<br>Dry eczema<br>Healthy<br>Maceration<br>Oedema/oozing serous fluid | *Please circle*<br><br>Wet eczema<br>Dry eczema<br>Healthy<br>Maceration<br>Oedema/oozing serous fluid | *Please circle*<br><br>Wet eczema<br>Dry eczema<br>Healthy<br>Maceration<br>Oedema/oozing serous fluid | *Please circle*<br><br>Wet eczema<br>Dry eczema<br>Healthy<br>Maceration<br>Oedema/oozing serous fluid | *Please circle*<br><br>Wet eczema<br>Dry eczema<br>Healthy<br>Maceration<br>Oedema/oozing serous fluid |
| **Leg Re-shaping** | *please circle*<br>**Ankle/Calf/Shin** | *please circle*<br>**Ankle/Calf/Shin** | *please circle*<br>**Ankle/Calf/Shin** | *please circle*<br>**Ankle/Calf/Shin** |
| **Bandage regime** | Standard 4-layer<br>Short stretch<br>Other | Standard 4-layer<br>Short stretch<br>Other | Standard 4-layer<br>Short stretch<br>Other | Standard 4-layer<br>Short stretch<br>Other |
| **Visitrak tracing taken** ***(Take 4-weekly)*** | **YES/NO** | **YES/NO** | **YES/NO** | **YES/NO** |
| **New medication**<br><br>**<u>Adverse Events</u>**<br>**Describe** | **YES/NO** | **YES/NO** | **YES/NO** | **YES/NO** |
| **Referral to CNS/GP**<br><br>**Referral to Consultant** | **YES/NO (Date)**<br><br>**YES/NO (Date)** | **YES/NO (Date)**<br><br>**YES/NO (Date)** | **YES/NO (Date)**<br><br>**YES/NO (Date)** | **YES/NO (Date)**<br><br>**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** | **CNS / DN / Res N** | **CNS / DN / Res N** | **CNS / DN / Res N** |