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Colchester Hospital University NHS
NHS Foundation Trust

Leg Ulcer Assessment

To be used as part of the holistic assessment of patients with a leg ulcer and will be filed in the Healthcare Records.

Patient details

Affix patient label here. If label not available, record details.

Hospital №		NHS №	
Patient's full name			
Date of birth		Age	
Patient's preferred name		Gender	❑ Male ❑ Female
Address			
Home phone №		Mob №	

Date of assessment	
Place of assessment	
Name of assessor	
Signature of assessor	
Source of referral	☐ GP ☐ Self ☐ Relative ☐ Hospital ☐ Practice Nurse ☐ District nurse ☐ Other:
GP Name Contact details	courier no.
Allergies & Intolerances *(drug, topical preparations, rubber, etc)*	
1st Language Interpreter required?	❑ English ❑ Other: No / Yes

Blood pressure	Pulse	HB	Glucose	Other:

Is sustained graduated compression indicated? ☐ Yes ☐ No

Medication

Drug	Dose	Frequency

Leg Ulcer Assessment

Risk factors & medical history

Past relevant medical history	
Nursing diagnosis of lower limb aetiology	☐ Venous ☐ Arterial ☐ Mixed ☐ Other: ☐ Traumatic ☐ Malignant ☐ Rheumatoid
Evidence of Neuropathy?	☐ No ☐ Yes – detail:

Venous related risk factors

	Left		Right			Left		Right	
	Yes	No	Yes	No		Yes	No	Yes	No
Deep vein thrombosis					Thrombophlebitis				
Past surgery					Varicose veins				
Past venous surgery					Prior venous ulceration				
Lower leg fractures					Orthopaedic surgery				
Multiple pregnancies (+3)?	☐ Yes		☐ No		Any prolonged periods of bed rest?	☐ Yes		☐ No	

Venous related sign & symptoms

	Left		Right			Left		Right	
	Yes	No	Yes	No		Yes	No	Yes	No
Varicose veins					Pigmentation *(brown staining)*				
Induration *(hard woody feeling in skin)*					Varicose eczema				
Atrophle blanche					Ankle flare				
Oedema					Itching over varices				
Ulcer over malleolus					Ulcer with gaiter area				
Aching or heaviness in legs									

Arterial related risk factors

	Yes	No		Yes	No
Peripheral vascular disease			Arterial surgery		
Rheumatoid arthritis			Intermittent claudication		
Diabetes mellitus			Angina		
Ischaemic heart disease			Myocardial infarction		
Trans ischaemic attack			CVA (Stroke)		
Primary/secondary Lymphoedema			Connective tissue disease		
Smoker?	☐ No	☐ Yes – amount:		duration:	

Arterial related sign & symptoms

	Left		Right			Left		Right	
	Yes	No	Yes	No		Yes	No	Yes	No
Capillary refill time >3s					Dusky skin colour on foot				
Foot/toes blanche when foot raised					Cold foot				
Loss of hair on leg					Atrophic, shiny skin on skin				
Muscle wasting in calf / thigh					Thickened toe nails				
Ulcer on toes					Gangrene on toes				
Loss of pedal pulses					Pain in lower leg/foot when raised				

Any family history of any above?	☐ No ☐ Yes –
Mobility	☐ Full ☐ Partial ☐ with aids ☐ Immobile
Does patient walk heel to toe?	☐ No ☐ Yes
Ankle movement	Left: ☐ Mobile ☐ Reduced ☐ Fixed | Right: ☐ Mobile ☐ Reduced ☐ Fixed
Is patient able to elevate legs?	☐ No ☐ Yes
Does patient sleep in bed?	☐ No ☐ Yes

Physiological assessment

	Left leg/foot	Right leg/foot
How did ulcer start?		
Duration of present ulcer		
Previous compression regimes		
How long did previous ulcers take to heal?		
Current dressing regime		
Ankle circumference *(cms for compression therapy)*		
Calf circumference *(cms for compression hosiery)*		

Pain assessment

Does the patient have pain?	☐ No ☐ Yes - ☐ At night ☐ At rest ☐ On movement
Is sleep disturbed?	☐ No ☐ Yes
Patients own description of pain?	☐ Burning ☐ Stinging ☐ Stabbing ☐ Fearful ☐ Creeping ☐ Pins & needles ☐ Heaviness ☐ Gnawing ☐ Aching ☐ Shooting ☐ Sickening ☐ Punishing ☐ Cruel ☐ Slitting
What helps to relieve pain?	
Current pain relief?	
What makes the pain worse?	

Has pain become worse in the last two weeks?	☐ No ☐ Yes
Does the patient experience night pain in the lower limbs?	☐ No ☐ Yes
Does hanging legs down relieve the pain?	☐ No ☐ Yes
Has the pain affected the patient's activities of daily living?	☐ No ☐ Yes -

Pain analogue scale – 0-no pain; 1-2 mild pain; 3-4 moderate pain; 5-6 severe pain; 7-8 very severe pain; 9-10 worst pain ever

	0	1-2	3-4	5-6	7-8	9-10	Constant	Intermittent
Day								
Night								
At dressing change								

Nutrition

Does patient eat a well-balanced diet?	☐ No ☐ Yes
Does patient have a reduce appetite?	☐ No ☐ Yes
Patients appearance	☐ Normal ☐ Overweight ☐ Frail ☐ Underweight – weight loss deliberate? ☐ No ☐ Yes – How much? _______________ in last 3 months? __________ Significant for patient? ☐ No ☐ Yes Referral to Dietician required? ☐ No ☐ Yes
Is patient well hydrated?	☐ No ☐ Yes

Assessment

Assessment

Ulcer description

Ulcer number	1	2	3	4
Site of ulcer				
Measurements in cms (width x length)	W - L -	W - L -	W - L -	W - L -
Depth (superficial, dermal, deep dermal, tendon exposed, bone exposed, etc)				
Edges of ulcer (shallow, rolled, punched out. Detail shape of ulcer, i.e. regular or irregular)				
Type of tissue in ulcer bed (necrotic, sloughy, granulating, epithealilialising, infected. Calculate in total % of wound)				
Appearance of ulcer bed (black, red, yellow, pink, green)				
Exudate (slight, moderate, copious. Indicate strike through how many layers of dressing)				
Colour of exudate				
Malodorous	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Signs of infection (redness, inflammation, purulent, discharge, pyrexia, patient unwell)				
Microbiology swab taken (include date)	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Result of microbiology swab + resistance + sensitivities				
Ulcer traced (retrace ulcer every 4-6 weeks. If no improvement, re-evaluate care)	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Ulcer photographed	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes

Podiatry

Does patient receive Podiatry treatment?	☐ No ☐ Yes – at:
Does the patient need Podiatry care?	☐ No ☐ Yes – give referral details:
Condition of feet / toes / nails	L: R:
Details of previous amputations	№ of toes on left foot: № of toes on right foot:

Doppler assessment

Position for patient for readings: ☐ Supine ☐ Sat with legs raised ☐ Sat legs downward angle

Ideally, patient should be lying supine for 15 minutes prior to commencing Doppler assessment. Take the systolic brachial pressure in both arms and 2 of 4 of the following points:
(Key: Tri – Triphasic; Bi – Biphasic; Mono – Monophasic)

	Strength	Sound	Left	Right	Sound	Strength
Brachial						
DPA						
ATA						
PTA						
Pero						
A.B.P.I.						

Calculation:

$$\frac{\text{Highest Ankle Pressure}}{\text{Highest Brachial Pressure}} = \text{A.B.P.I.}$$

If A.B.P.I. is ≥0.8 and venous disease is determined to be the underlying aetiology, then compression is indicated.
If A.B.P.I. is > 1.3 & monophasic, consider referring patient for vascular assessment.
If A.B.P.I. is <0.6 refer patient for vascular assessment.
NB. If patient is diabetic, possible calcification of medial artery wall may give a high reading - toe pressures are more accurate.

Diagram of ulcer position

	Left medial view	Posterior view	Anterior view	Left lateral view
Left leg				
	Right lateral view	**Posterior view**	**Anterior view**	**Right medial view**
Right leg				

Multidisciplinary notes

Date / time	Date / time	Date / time

Multidisciplinary notes

Multidisciplinary notes

Multidisciplinary notes

Date / time	Details	Print / sign

Multidisciplinary notes

Date / time	Date / time	Date / time

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