

This local pathway is an example used in the NICE medical technology guidance adoption support resource for UrgoStart for treating diabetic foot ulcers and leg ulcers. It was not produced for or commissioned by NICE.



**Manchester University**  
NHS Foundation Trust

# Leg Ulcer Pathway

**Patient Name:** .....

**D.O.B.:** ..... **Date:** ..... **Time:** .....

**Clinician Name (printed):** .....

**NHS No.:** .....

## GUIDANCE NOTES FOR COMPLETION

If a patient has a wound to the lower limb for 2 weeks commence the leg ulcer pathway. Wound Care Assessment and Wound Care Treatment Plan must be completed weekly inclusive of all measurements.  
Refer to the Leg Ulcer Treatment Algorithm for guidance on treatment plans and escalation of wound care.

**NB:** If you have ticked any of the boxes on the Wound Assessment Chart highlighted with the following icon

● These may be significant signs of clinical infection

▲ These may be significant signs of osteomyelitis. You must take appropriate action to treat the wound complication.

**NB:** Ankle Brachial Pressure Index (ABPI) assessment to be repeated at 12 weeks, for patients with a new or first episode of ulceration, then subsequently every 6 months.

If patient has repeated stable readings and reduced risk consider yearly assessments.

### Dressings & Treatment Regimens.

- Dressing regimes should only be changed based on assessment of the wound. A clear rationale must be provided to support a change.
- Do not change dressing regime < 2 weekly unless due to allergic reaction or visible signs of local infection.
- All health care professionals should make themselves aware of manufacturers guidance for each dressing product used.
- Antimicrobial dressings must only be used when signs of local, spreading or systemic infection are present. Immunosuppressed patients may not have the expected response to infection. This type of dressing must only be used initially for 2 weeks. After 2 weeks, reassess the wound to establish if longer term antimicrobial treatment is required. Consult with local TVN/Microbiologist for longer term use as per your local policy.
- Do not routinely amend the treatment plan unless required. An arrow can be drawn to indicate continuation of current treatment.
- Ensure nutritional screening using Trust screening tool, such as MUST. Refer to dietitian as appropriate.

### Quality of Life Assessment

- The QoL assessment is to be completed during the first assessment and then at 4 weekly intervals.
- It is designed for the patient to complete themselves where possible.

### Evidence Based Practice:

- O'Meara S, Cullum N, Nelson EA & Dumville JC. (2012). Compression for Venous Leg Ulcers. The Cochrane Collaboration.
- Green, J., Jester, R., McKinley, R., Pooler, A., Mason, S., & Redsell, S. (2015). A new quality of life consultation template for patients with venous leg ulceration. *Journal of Wound Care*, 24(3), 140-148.
- Münter KC, Meaume S, Augustin M, Senet P, Kérihuel J.C. The reality of routine practice: a pooled data analysis on chronic wounds treated with TLC-NOSF wound dressings. *J Wound Care*. 2017; 26(2): S4-S15. Erratum in: *J Wound Care*. 2017; 26(3): 153.
- Meaume S, Domp martin A, Lazareth I, Sigal M, Truchetet F, Sauvadet A, Bohbot S. Quality of life in patients with leg ulcers: results from CHALLENGE, a double-blind randomized controlled trial. *Journal of Wound Care*. 2017; 26: 4, 368-379.
- Schmutz J.-L., Meaume S., Fays S., Ourabah Z., Guillot B., Thirion V., Collier M., Barrett S., Smith J., Bohbot S., Domp martin A. et al. Evaluation of the nano-oligosaccharide factor lipido-colloid matrix in the local management of venous leg ulcers: results of a randomised, controlled trial. *International Wound Journal*. 2008; 5(2): 172-182.
- NICE (2019). Medical Technologies Guidance 42 (MTG42) UrgoStart for treating diabetic foot ulcers and leg ulcers

# Quality of Life Wound Checklist

Name.....Date.....

Date of birth..... NHS number

A wound (or cut, injury, ulcer) is a break to the skin that may be taking some time to heal. Please answer these questions about how you are coping with your wound.



1. Can you walk as well as you did before you had your wound?





  
  
  
 Yes Sometimes No



2. Can you go out as easily as before you had your wound?





  
  
  
 Yes Sometimes No



3. Do you eat well?





  
  
  
 Yes Sometimes No



4. Are you able to have a shower or bath?





  
  
  
 Yes Sometimes No



5. Are you able to wear clothes and shoes that you want to?





  
  
  
 Yes Sometimes No


Name.....Date.....

Date of birth..... NHS number

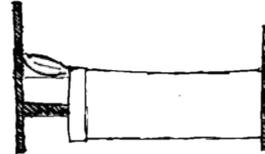
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

6. Do you get a good night's sleep?



Yes Sometimes No

7. Please circle the picture to show if you sleep in a bed or in a chair.



8. Please circle a number to show how your pain has been recently.

No Pain

Worst Pain

0 1 2 3 4 5 6 7 8 9 10

9. What medication do you take for your pain?



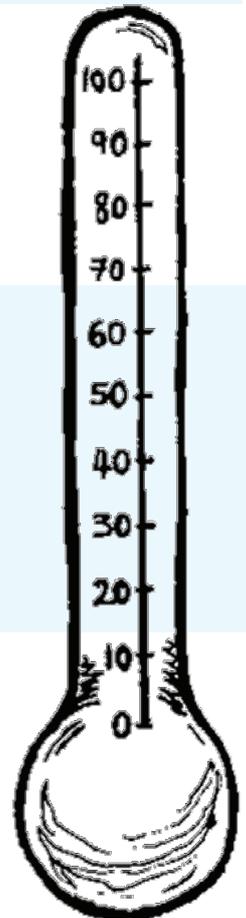
10. Where do you get your support from?



11. How do you rate your overall quality of life?  
Please circle the number to show your answer

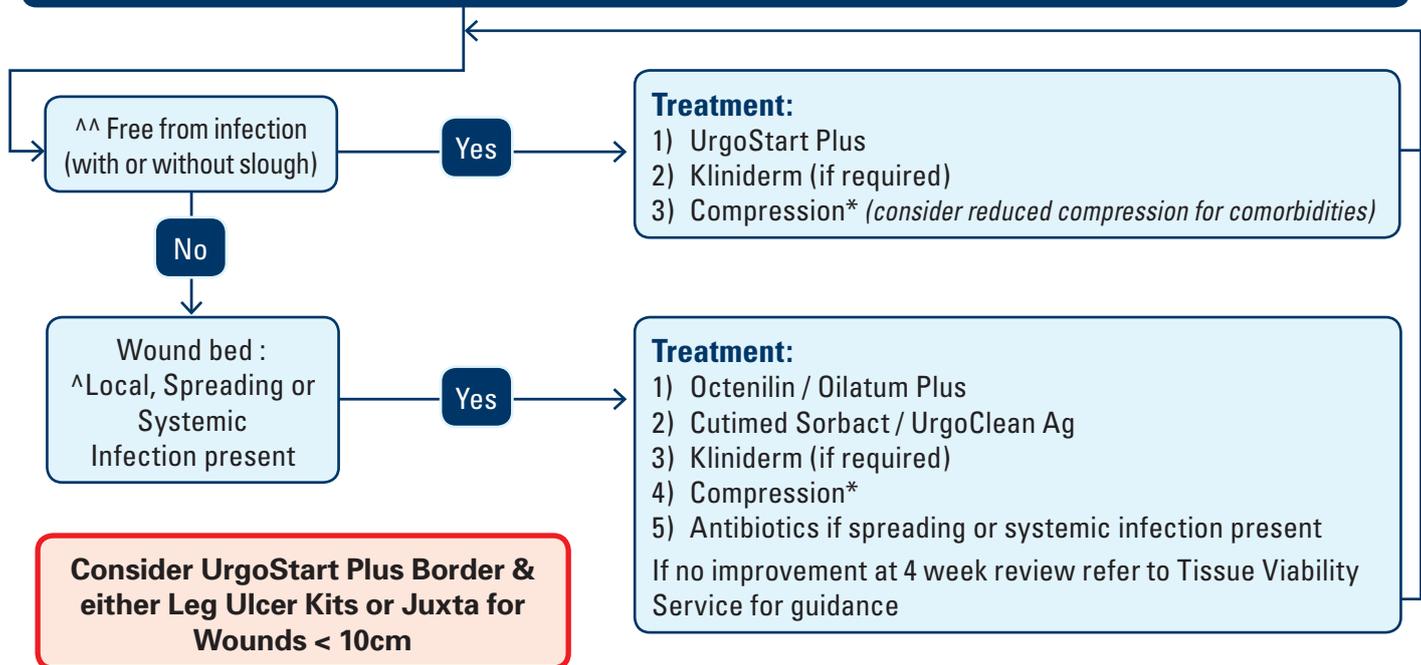


0 =worst quality of life 100 = best quality of life

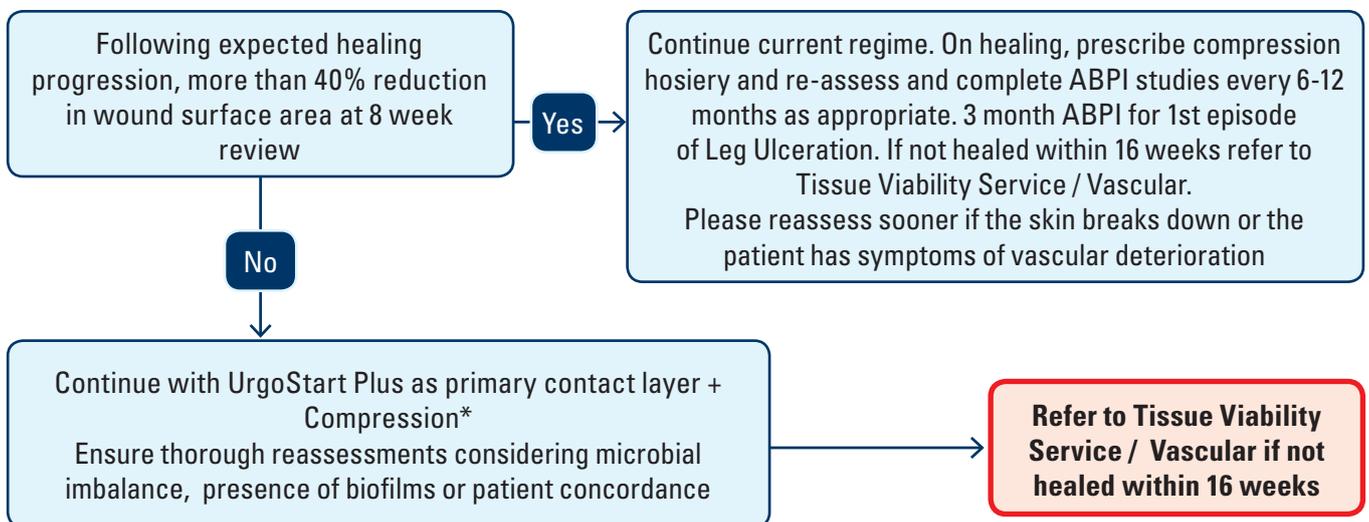


# TREATMENT ALGORITHM

**Assessment of symptoms and ABPI reading 0.8 – 1.3 or TBPI reading >0.7 Full Compression\***  
**ABPI reading <0.8 – 0.6 Reduced Compression\* following discussion with TVN (< 0.6 or >1.3 refer to vascular) Refer to Leg Ulcer Management Guidelines for assessment guidance**



## Weekly review to include completion of wound chart



### \*Compression

(Ankle measurements required to ensure the correct kit is used)

**Full**                   UrgoKTwo  
 Compression:    K-Four Kit  
 (40mmhg)        Hosiery Leg Ulcer Kit

**Reduced**            UrgoKTwo Reduced  
 Compression:    K-Four Reduced Kit  
 (20mmhg)

If considering JUXTA contact TVNs

### \*\*Comorbidities

- 1) Diabetes
- 2) COPD
- 3) CCF
- 4) PAD
- 5) Obesity
- 6) Medication
- 7) Rheumatoid Arthritis
- 8) Mixed aetiology

### ^Emollients

Cleanse lower limb, ensuring maintenance of skin hydration, with appropriate emollient

### ^Bacterial Burden

- 1) Contaminated
  - 2) Colonised
  - 3) Local Infection
  - 4) Spreading Infection
  - 5) Systemic Infection
- Wound swab as per Trust protocol

## PRIMARY DRESSINGS

UrgoStart Plus .....> TLC-NOSF Healing Matrix and poly-absorbent fibres, bordered or pad .....> Use from day 0 to full healing, unless wound infection present

## ANTIMICROBIAL DRESSINGS *(Use when bacterial burden is imbalanced)*

Cutimed Sorbact .....> DACC coated dressings .....> For moist or circumferential wounds  
 UrgoClean Ag .....> Silver poly-absorbent fibre dressing with TLC-Ag .....> For all levels of exudate  
 Octenilin .....> Wound Irrigation Fluid .....> If unable to wash leg or recurring infections  
 Oilatum Plus .....> Antiseptic Liquid Emollient .....> For full leg wash

## ABSORBENT DRESSINGS

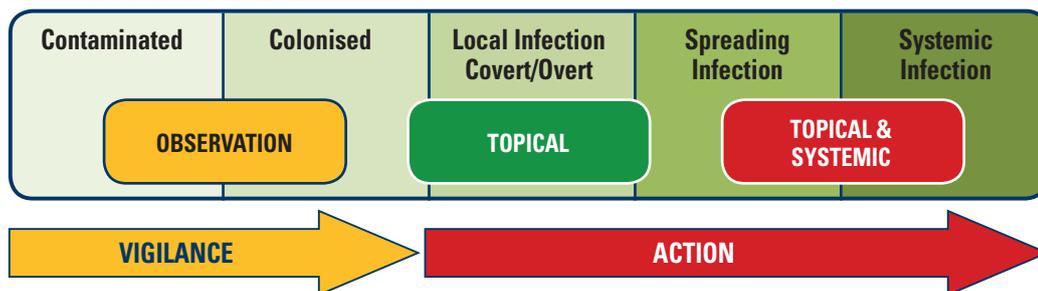
Kliniderm .....> Absorbent polyurethane foam .....> Depending on exudate levels ^

## COMPRESSION

*Remember to measure and follow manufacturers guidance for the correct selection of size*

UrgoKTwo .....> Two layer compression bandage system .....> Full or reduced compression  
 KFour (KSoft, KLite, KPlus, KoFlex) .....> Four layer compression bandage system .....> Full or reduced compression  
 Leg Ulcer Kit .....> Leg Ulcer Hosiery Kit (liner + hosiery) .....> Full compression  
 Juxta Range .....> Inelastic, adjustable compression garment .....> Contact TVN

## BACTERIAL BURDEN



**Wound Swabbing**  
Refer to MFT Infection Control Guidance

**^ Exudate Levels**  
1) Dry 3) Wet  
2) Moist 4) Saturated

**Note:** Frequency of dressing changes may need to be increased while infection is managed/treated

## TISSUE TYPE

### Necrotic



Rehydrate and debride dead tissue

**CAUTION:** Vascular studies are required before active treatment is commenced. If poor blood supply, keep wounds dry do not aim to debride with dressings.

### Sloughy



Remove dead tissue, manage exudate and prevent infection.

Exudate volume will increase as dead tissue is rehydrated and autolytic debridement occurs.

### Mixed



Remove dead tissue, manage exudate and prevent infection.

Exudate volume will increase as dead tissue is rehydrated and autolytic debridement occurs.

### Granulating



Promote healing and prevent infection.

Cavity wounds will need to be packed to promote granulation from the base of the wound.

### Epithelialising



Protect newly formed skin.

Wounds that have been covered over with a top layer of skin may not require a wound dressing and simple moisturising products may be preferred.

### Infected



Reduce bacterial burden.

Disrupt biofilms and restore bacterial balance. Exudate levels are likely to increase.

# INITIAL LEG ULCER ASSESSMENT FORM

|  |  |
|--|--|
| <p><b>Patient Details</b></p> <p>Surname .....</p> <p>Forename (s) .....</p> <p>Date of Birth .....</p> <p>Address .....</p> <p>.....</p> <p>.....</p> <p>Contact Number .....</p> | <p><b>Referral Source</b></p> <p>Consultant/GP <input type="checkbox"/> Treatment room <input type="checkbox"/> District Nurse Team <input type="checkbox"/></p> <p>NHS/Hospital No: .....</p> <p><b>GP Details</b></p> <p>GP .....</p> <p>Address .....</p> <p>Contact number .....</p> <p>Fax number .....</p> |
|--|--|

## Venous / Arterial History

## Cause and Duration of Current Ulcer

|                  |  |                         |  |          |
|------------------|--|-------------------------|--|----------|
| Trauma           |  | Cellulitis              |  | Comments |
| Skin Graft       |  | Phlebitis               |  |          |
| Sclerotherapy    |  | Deep vein thrombosis    |  |          |
| Vein Surgery     |  | Previous ulcer          |  |          |
| Arterial Surgery |  | History of this episode |  |          |

## Venous / Arterial History

|   |  |  |  |                                 |  |   |  |
|---|--|--|--|---------------------------------|--|---|--|
| Rheumatoid Arthritis  |  | Oedema   |  | Alcohol Excess (>4 units daily) |  | Obesity (BMI >30)   |  |
| Poor Circulation  |  | Systemic Infection                                 |  | Pain                            |  | Concordance Issues (non adherence to treatment)           |  |
| Inadequate Nutrition defined by the MUST tool   |  | Anaemia  |  | Diabetes                        |  | Pain/Malignancy   |  |
| Restricted Mobility (use of walking aid/loss of limb/only able to walk short distances) |  | Medication e.g. Inotropes, Steroid, Anticoagulants |  | Poor Immune System              |  | Psychological Factors (as recorded on the admissions doc) |  |
| Sleep disturbance   |  | Smoking  |  | Claudication                    |  | Pregnancy   |  |
| Ankle leg fracture  |  | Hip Surgery  |  | Abdominal Surgery               |  | Congestive Cardiac Failure                                |  |
| Cerebral Vascular Accident  |  | Hypertension                                       |  | Other please state              |  |   |  |

## Patient Consideration (please state)

|  |  |                                       |  |
|--|--|---------------------------------------|--|
| Known Topical Allergies (creams/dressings) |  | Known Systemic Allergies (medication) |  |
| Equipment In Use:                          |  |                                       |  |

## Referral to Other Disciplines

|                        |  |                 |  |                  |  |            |  |                    |
|------------------------|--|-----------------|--|------------------|--|------------|--|--------------------|
| Tissue Viability Nurse |  | Vascular Team   |  | Stoma Nurse      |  | Podiatrist |  | Other please state |
| Physiotherapist        |  | Macmillan Nurse |  | Leg Ulcer Clinic |  | Dietitian  |  |                    |

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## INITIAL LEG ULCER ASSESSMENT FORM CONT...

| Current Medication |  | Dose and Frequency |  |
|--------------------|--|--------------------|--|
|                    |  |                    |  |

| Previous Steroid Treatment                               | Duration | Type |
|--|----------|------|
| YES <input type="checkbox"/> NO <input type="checkbox"/> |          |      |

| Current / Previous Compression Therapy |  |
|--|--|
|  |  |

| Mobility               | Comments |
|------------------------|----------|
| Fully mobile           |          |
| Reduced mobility       |          |
| Mobile with an aid     |          |
| Immobile               |          |
| Elevation of legs      |          |
| Full ankle movement    |          |
| Limited ankle movement |          |
| Fixed ankle joint      |          |

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## INITIAL LEG ULCER ASSESSMENT FORM CONT...

| Pain  |  |
|---|--|
| Location of pain                                |  |
| Type of pain                                    |  |
| Frequency of pain                               |  |
| Is night pain experienced?                      |  |
| Is pain relieved by hanging leg out of the bed? |  |

**Severity** (ask patient to rate on the scale below and clearly mark)

|         |   |               |   |   |   |   |   |              |   |    |
|---------|---|---------------|---|---|---|---|---|--------------|---|----|
| 0       | 1 | 2             | 3 | 4 | 5 | 6 | 7 | 8            | 9 | 10 |
| No Pain |   | Moderate Pain |   |   |   |   |   | Extreme Pain |   |    |

| Lower Limb Assessment (Legs & Feet)<br>Answer Yes / No to the observations below | Left                            |  | Right   |  |
|--|---------------------------------|--|---|--|
| Varicose Veins   | YES <input type="checkbox"/>    | NO <input type="checkbox"/>                | YES <input type="checkbox"/>                        | NO <input type="checkbox"/>                                |
| Oedema   | YES <input type="checkbox"/>    | NO <input type="checkbox"/>                | YES <input type="checkbox"/>                        | NO <input type="checkbox"/>                                |
| Eczema   | YES <input type="checkbox"/>    | NO <input type="checkbox"/>                | YES <input type="checkbox"/>                        | NO <input type="checkbox"/>                                |
| Skin Condition (Dry / Flaky / Fragile)   | YES <input type="checkbox"/>    | NO <input type="checkbox"/>                | YES <input type="checkbox"/>                        | NO <input type="checkbox"/>                                |
| Induration   | YES <input type="checkbox"/>    | NO <input type="checkbox"/>                | YES <input type="checkbox"/>                        | NO <input type="checkbox"/>                                |
| Staining   | YES <input type="checkbox"/>    | NO <input type="checkbox"/>                | YES <input type="checkbox"/>                        | NO <input type="checkbox"/>                                |
| Post Medial / Lateral Malleolus Involvement                                      | YES <input type="checkbox"/>    | NO <input type="checkbox"/>                | YES <input type="checkbox"/>                        | NO <input type="checkbox"/>                                |
| Atrophie Blanche   | YES <input type="checkbox"/>    | NO <input type="checkbox"/>                | YES <input type="checkbox"/>                        | NO <input type="checkbox"/>                                |
| Ankle Flare  | YES <input type="checkbox"/>    | NO <input type="checkbox"/>                | YES <input type="checkbox"/>                        | NO <input type="checkbox"/>                                |
| Poor Tissue Perfusion  | YES <input type="checkbox"/>    | NO <input type="checkbox"/>                | YES <input type="checkbox"/>                        | NO <input type="checkbox"/>                                |
| Colour of Feet (Pale, Rubor, Pink, Black, Gangrene)                              |                                 |  |   |  |
| Temperature of Feet  | Normal <input type="checkbox"/> | Same on both feet <input type="checkbox"/> | Same as the patient's body <input type="checkbox"/> | Hot <input type="checkbox"/> Cold <input type="checkbox"/> |

# ANKLE BRACHIAL PRESSURE INDEX (ABPI) ASSESSMENT

Ensure patient is in supine position and if applicable, rested for at least 15 minutes prior to performing ABPI or TBPI (Toe Brachial Pressure Index) assessment.

## INITIAL ASSESSMENT

|  |                      |                              |   |  |
|--|----------------------|------------------------------|---|--|
| <b>Ankle pulses palpable:</b><br>Yes / No <i>please circle</i> |                      | <b>Initial measurements:</b> | Left Ankle: .....                           | Right Ankle: .....                           |
|  |                      |                              | Left Calf: .....                            | Right Calf: .....                            |
| <b>Left</b>  | Brachial             |                              | Additional information:                     |  |
|  | Anterior Tibia (AT)  |                              |   |  |
|  | Posterior Tibia (PT) |                              | Any comments on position of patient:        |  |
|  | Dorsalis Pedis (DP)  |                              |   |  |
|  | Toe Pressure         |                              | Calculations:                               |  |
| <b>Right</b>   | Brachial             |                              |   |  |
|  | Anterior Tibia (AT)  |                              |   |  |
|  | Posterior Tibia (PT) |                              | <b>Left:</b> ABPI TBPI <i>please circle</i> | <b>Right:</b> ABPI TBPI <i>please circle</i> |
|  | Dorsalis Pedis (DP)  |                              |   |  |
|  | Toe Pressure         |                              | Sign:                                       | Date:  |

Repeat initial ABPI assessment in 12 weeks if this is a new or first episode of ulceration.

## 12 WEEK ASSESSMENT

|  |                      |                              |   |  |
|--|----------------------|------------------------------|---|--|
| <b>Ankle pulses palpable:</b><br>Yes / No <i>please circle</i> |                      | <b>Initial measurements:</b> | Left Ankle: .....                           | Right Ankle: .....                           |
|  |                      |                              | Left Calf: .....                            | Right Calf: .....                            |
| <b>Left</b>  | Brachial             |                              | Additional information:                     |  |
|  | Anterior Tibia (AT)  |                              |   |  |
|  | Posterior Tibia (PT) |                              | Any comments on position of patient:        |  |
|  | Dorsalis Pedis (DP)  |                              |   |  |
|  | Toe Pressure         |                              | Calculations:                               |  |
| <b>Right</b>   | Brachial             |                              |   |  |
|  | Anterior Tibia (AT)  |                              |   |  |
|  | Posterior Tibia (PT) |                              | <b>Left:</b> ABPI TBPI <i>please circle</i> | <b>Right:</b> ABPI TBPI <i>please circle</i> |
|  | Dorsalis Pedis (DP)  |                              |   |  |
|  | Toe Pressure         |                              | Sign:                                       | Date:  |

## 6 MONTH ASSESSMENT

|  |                      |                              |   |  |
|--|----------------------|------------------------------|---|--|
| <b>Ankle pulses palpable:</b><br>Yes / No <i>please circle</i> |                      | <b>Initial measurements:</b> | Left Ankle: .....                           | Right Ankle: .....                           |
|  |                      |                              | Left Calf: .....                            | Right Calf: .....                            |
| <b>Left</b>  | Brachial             |                              | Additional information:                     |  |
|  | Anterior Tibia (AT)  |                              |   |  |
|  | Posterior Tibia (PT) |                              | Any comments on position of patient:        |  |
|  | Dorsalis Pedis (DP)  |                              |   |  |
|  | Toe Pressure         |                              | Calculations:                               |  |
| <b>Right</b>   | Brachial             |                              |   |  |
|  | Anterior Tibia (AT)  |                              |   |  |
|  | Posterior Tibia (PT) |                              | <b>Left:</b> ABPI TBPI <i>please circle</i> | <b>Right:</b> ABPI TBPI <i>please circle</i> |
|  | Dorsalis Pedis (DP)  |                              |   |  |
|  | Toe Pressure         |                              | Sign:                                       | Date:  |

Routine ABPI assessment may be reduced to 6 monthly / yearly for patients with a stable reading and minimal risk factors.

## GUIDANCE FOR ABPI RESULT

- ABPI / TBPI readings form part of a holistic assessment.
- If there is a difference of 15-30mmhg between the brachial systolic pressures please refer for vascular assessment as upper limb vessel disease may be present.

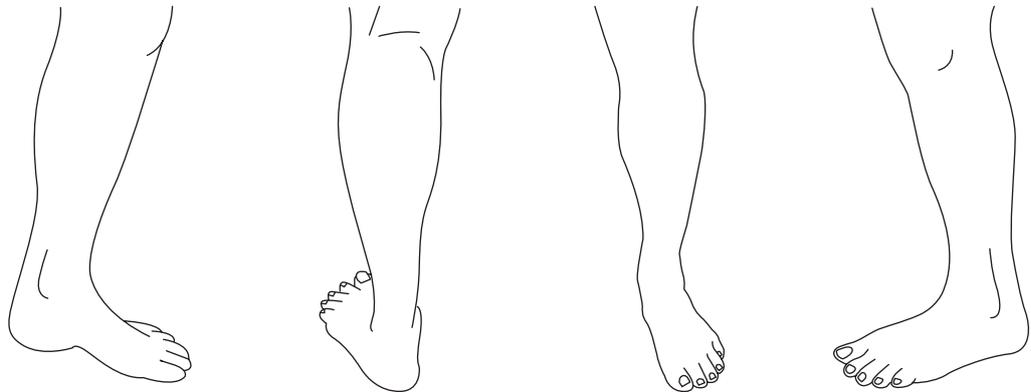
|                         |   |
|-------------------------|---|
| <b>Greater than 1.3</b> | Indicates a falsely elevated reading. This could be due to oedema or calcification. Please request referral to vascular services.                           |
| <b>1.0 - 1.3</b>        | Indicates safe to use compression. Normal arterial flow.  |
| <b>0.9 - 1.0</b>        | Indicates a mild degree of arterial insufficiency.  |
| <b>0.8 - 0.9</b>        | Indicates patient is receiving 80-90 % arterial blood flow. It is safe to apply full compression.   |
| <b>0.6 - 0.8</b>        | Indicates presence of arterial disease for which reduced compression may be suitable dependant on symptoms. Consult with TVN or Leg Ulcer Specialist Nurse. |
| <b>Below 0.6</b>        | Indicates significant arterial disease do not apply compression therapy please refer to vascular services for further assessment.                           |

## GUIDANCE FOR TBPI RESULT

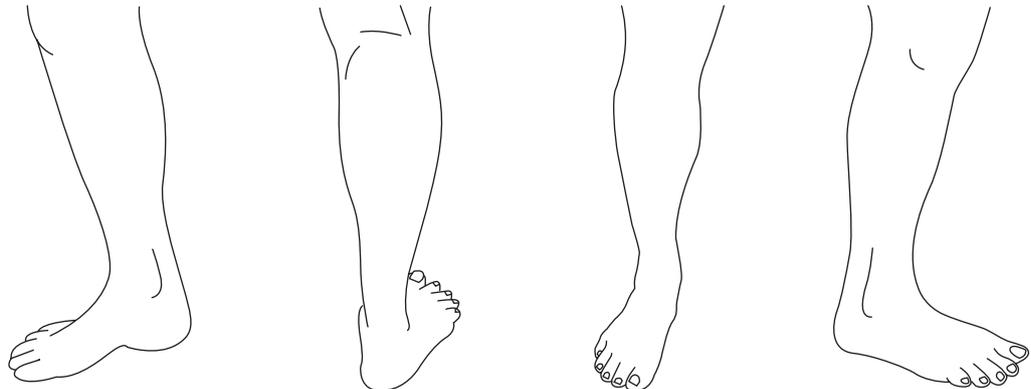
|                   |  |
|-------------------|--|
| <b>&gt;0.7</b>    | Normal, indicating no arterial disease   |
| <b>0.64 - 0.7</b> | Borderline: Indicates presence of arterial disease for which reduced compression may be suitable, dependant on symptoms. Consult TVN or Leg Ulcer Specialist Nurse |
| <b>&lt;0.64</b>   | Abnormal, indicating the arterial blood flow is inadequate for compression. Please refer to vascular services for further assessment                               |

## WOUND IDENTIFICATION MAP

### Left Leg



### Right Leg



## GUIDANCE FOR COMPLETION IF MORE THAN ONE WOUND PRESENT

- Please draw and label on the above diagrams each active ulceration labelling A,B,C,D etc providing clear guidance on the images which ulcer correlates to which letter
- Please note there is a separate wound assessment chart for each leg
- If required, please use the note page at the end of this booklet to record weekly wound measurements
- Include date and time and document on the assessment chart if the wound measurements are being recorded on the notes page
- Measure consistently length (north-south) and width (west-east) at weekly intervals
- Dependant on Trust protocol consider taking weekly photographs of the wound

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## WOUND CARE ASSESSMENT CHART – LEFT LEG

|  |                                     |          |          |          |          |
|--|-------------------------------------|----------|----------|----------|----------|
| LEFT ABPI .....  | Date of next assessment: .....      |          |          |          |          |
| LEFT TBPI .....  | (due 12 weeks from last assessment) |          |          |          |          |
| <b>Date</b>  |                                     |          |          |          |          |
| <b>Week</b>  | <b>0</b>                            | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> |
| <b>TISSUE - Please state (out of 100%) percentage of tissue on wound bed</b> |                                     |          |          |          |          |
| Granulation  |                                     |          |          |          |          |
| Necrotic   |                                     |          |          |          |          |
| Slough   |                                     |          |          |          |          |
| Epithelialisation  |                                     |          |          |          |          |
| Over granulation   |                                     |          |          |          |          |
| Other – Bone / Fat / Tendon / Muscle ▲                                       |                                     |          |          |          |          |
| <b>INFLAMMATION/INFECTION</b>  |                                     |          |          |          |          |
| Odour present – Yes / No? ●  |                                     |          |          |          |          |
| Erythema to wound margins? Yes / No ●  |                                     |          |          |          |          |
| Spreading cellulitis? Yes / No ●   |                                     |          |          |          |          |
| Wound swab taken? Yes / No / N/A   |                                     |          |          |          |          |
| Temperature  |                                     |          |          |          |          |
| <b>MOISTURE/WOUND EXUDATE *May indicate local or spreading infection</b>     |                                     |          |          |          |          |
| Levels (Dry / moist / wet / saturated)                                       |                                     |          |          |          |          |
| Colour (Clear / blood stained ● / green ●)                                   |                                     |          |          |          |          |
| <b>EDGE - Please record maximum dimensions in cm</b>                         |                                     |          |          |          |          |
| Length   |                                     |          |          |          |          |
| Width  |                                     |          |          |          |          |
| Depth  |                                     |          |          |          |          |
| Ankle Circumference  |                                     |          |          |          |          |
| Calf Circumference   |                                     |          |          |          |          |
| <b>SURROUNDING SKIN</b>  |                                     |          |          |          |          |
| Healthy & intact   |                                     |          |          |          |          |
| Macerated  |                                     |          |          |          |          |
| Blistering   |                                     |          |          |          |          |
| Fragile  |                                     |          |          |          |          |
| Excoriation  |                                     |          |          |          |          |
| Dry skin   |                                     |          |          |          |          |
| <b>PAIN (0-10)</b>   |                                     |          |          |          |          |
| Generally  |                                     |          |          |          |          |
| Frequency  |                                     |          |          |          |          |
| At dressing change   |                                     |          |          |          |          |
| <b>WOUND STATUS</b>  |                                     |          |          |          |          |
| Improving / Static / Deteriorating   |                                     |          |          |          |          |
| <b>Signature</b>   |                                     |          |          |          |          |

**NB** ▲ May be significant signs of osteomyelitis

● May be significant signs of clinical infection

2 weekly review; refer to Tissue Viability Service If no improvements when using antimicrobial primary dressing.

Please complete Quality of life template at 4 weeks.

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## WOUND CARE ASSESSMENT CHART – RIGHT LEG

|  |                                     |          |          |          |          |
|--|-------------------------------------|----------|----------|----------|----------|
| RIGHT ABPI .....   | Date of next assessment: .....      |          |          |          |          |
| RIGHT TBPI .....   | (due 12 weeks from last assessment) |          |          |          |          |
| <b>Date</b>  |                                     |          |          |          |          |
| <b>Week</b>  | <b>0</b>                            | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> |
| <b>TISSUE - Please state (out of 100%) percentage of tissue on wound bed</b> |                                     |          |          |          |          |
| Granulation  |                                     |          |          |          |          |
| Necrotic   |                                     |          |          |          |          |
| Slough   |                                     |          |          |          |          |
| Epithelialisation  |                                     |          |          |          |          |
| Over granulation   |                                     |          |          |          |          |
| Other – Bone / Fat / Tendon / Muscle ▲                                       |                                     |          |          |          |          |
| <b>INFLAMMATION/INFECTION</b>  |                                     |          |          |          |          |
| Odour present – Yes / No? ●  |                                     |          |          |          |          |
| Erythema to wound margins? Yes / No ●  |                                     |          |          |          |          |
| Spreading cellulitis? Yes / No ●   |                                     |          |          |          |          |
| Wound swab taken? Yes / No / N/A   |                                     |          |          |          |          |
| Temperature  |                                     |          |          |          |          |
| <b>MOISTURE/WOUND EXUDATE *May indicate local or spreading infection</b>     |                                     |          |          |          |          |
| Levels (Dry / moist / wet / saturated)                                       |                                     |          |          |          |          |
| Colour (Clear / blood stained ● / green ●)                                   |                                     |          |          |          |          |
| <b>EDGE - Please record maximum dimensions in cm</b>                         |                                     |          |          |          |          |
| Length   |                                     |          |          |          |          |
| Width  |                                     |          |          |          |          |
| Depth  |                                     |          |          |          |          |
| Ankle Circumference  |                                     |          |          |          |          |
| Calf Circumference   |                                     |          |          |          |          |
| <b>SURROUNDING SKIN</b>  |                                     |          |          |          |          |
| Healthy & intact   |                                     |          |          |          |          |
| Macerated  |                                     |          |          |          |          |
| Blistering   |                                     |          |          |          |          |
| Fragile  |                                     |          |          |          |          |
| Excoriation  |                                     |          |          |          |          |
| Dry skin   |                                     |          |          |          |          |
| <b>PAIN (0-10)</b>   |                                     |          |          |          |          |
| Generally  |                                     |          |          |          |          |
| Frequency  |                                     |          |          |          |          |
| At dressing change   |                                     |          |          |          |          |
| <b>WOUND STATUS</b>  |                                     |          |          |          |          |
| Improving / Static / Deteriorating   |                                     |          |          |          |          |
| <b>Signature</b>   |                                     |          |          |          |          |

**NB** ▲ May be significant signs of osteomyelitis

● May be significant signs of clinical infection

2 weekly review; refer to Tissue Viability Service If no improvements when using antimicrobial primary dressing.

Please complete Quality of life template at 4 weeks.

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## WOUND CARE TREATMENT PLAN

| Week   | 0 | 1 | 2 | 3 | 4 |
|--|---|---|---|---|---|
| <b>Date/Time</b>   |   |   |   |   |   |
| <b>Cleansing Regime</b>  |   |   |   |   |   |
| Bucket wash Oilatum Plus Irrigation with Octenalin. Specific individual patient requirements |   |   |   |   |   |
| <b>Treatment Aim</b>   |   |   |   |   |   |
| State objectives of treatment. Healing/maintenance/symptom control                           |   |   |   |   |   |
| <b>Dressings Selected</b>  |   |   |   |   |   |
| Primary (contact) layer  |   |   |   |   |   |
| Secondary (outer) dressing   |   |   |   |   |   |
| Compression level used<br>20mmHg / 40mmHg / awaiting or declined Doppler                     |   |   |   |   |   |
| Please state type of compression bandage selected<br>(Refer to Leg Ulcer Pathway)            |   |   |   |   |   |
| <b>Special Considerations</b>  |   |   |   |   |   |
| May include patient advice provided, particular patient requests, e.g. leg elevation         |   |   |   |   |   |
| Skin care regime, emollients/topical steroids/barrier creams                                 |   |   |   |   |   |
| Specific leaflets given – NICE/Trust guidelines  |   |   |   |   |   |
| <b>Frequency of Dressing Change</b>  |   |   |   |   |   |
| For example: daily/twice weekly  |   |   |   |   |   |
| <b>Treatment Evaluation Due</b>  |   |   |   |   |   |
| Frequency of planned evaluation for potential change in treatment                            |   |   |   |   |   |
| Date of treatment evaluation due   |   |   |   |   |   |
| <b>Signature</b>   |   |   |   |   |   |

All dressing regimes to be reviewed at 2 weeks to determine clinical effectiveness

## WOUND CARE TREATMENT PLAN

| Week   | 5 | 6 | 7 | 8 | 9 |
|--|---|---|---|---|---|
| <b>Date/Time</b>   |   |   |   |   |   |
| <b>Cleansing Regime</b>  |   |   |   |   |   |
| Bucket wash Oilatum Plus Irrigation with Octenalin. Specific individual patient requirements |   |   |   |   |   |
| <b>Treatment Aim</b>   |   |   |   |   |   |
| State objectives of treatment. Healing/maintenance/symptom control                           |   |   |   |   |   |
| <b>Dressings Selected</b>  |   |   |   |   |   |
| Primary (contact) layer  |   |   |   |   |   |
| Secondary (outer) dressing   |   |   |   |   |   |
| Compression level used<br>20mmHg /40mmHg / awaiting or declined Doppler                      |   |   |   |   |   |
| Please state type of compression bandage selected<br>(Refer to Leg Ulcer Pathway)            |   |   |   |   |   |
| <b>Special Considerations</b>  |   |   |   |   |   |
| May include patient advice provided, particular patient requests, e.g. leg elevation         |   |   |   |   |   |
| Skin care regime, emollients/topical steroids/barrier creams                                 |   |   |   |   |   |
| Specific leaflets given – NICE/Trust guidelines  |   |   |   |   |   |
| <b>Frequency of Dressing Change</b>  |   |   |   |   |   |
| For example: daily/twice weekly  |   |   |   |   |   |
| <b>Treatment Evaluation Due</b>  |   |   |   |   |   |
| Frequency of planned evaluation for potential change in treatment                            |   |   |   |   |   |
| Date of treatment evaluation due   |   |   |   |   |   |
| <b>Signature</b>   |   |   |   |   |   |

 All dressing regimes to be reviewed at 2 weeks to determine clinical effectiveness

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## WOUND CARE ASSESSMENT CHART – LEFT LEG

|  |          |          |          |          |          |
|--|----------|----------|----------|----------|----------|
| Date of next assessment: .....   |          |          |          |          |          |
| (due 12 weeks from last assessment)  |          |          |          |          |          |
| <b>Date</b>  |          |          |          |          |          |
| <b>Week</b>  | <b>5</b> | <b>6</b> | <b>7</b> | <b>8</b> | <b>9</b> |
| <b>TISSUE - Please state (out of 100%) percentage of tissue on wound bed</b> |          |          |          |          |          |
| Granulation  |          |          |          |          |          |
| Necrotic   |          |          |          |          |          |
| Slough   |          |          |          |          |          |
| Epithelialisation  |          |          |          |          |          |
| Over granulation   |          |          |          |          |          |
| Other – Bone / Fat / Tendon / Muscle ▲                                       |          |          |          |          |          |
| <b>INFLAMMATION/INFECTION</b>  |          |          |          |          |          |
| Odour present – Yes / No? ●  |          |          |          |          |          |
| Erythema to wound margins? Yes / No ●  |          |          |          |          |          |
| Spreading cellulitis? Yes / No ●   |          |          |          |          |          |
| Wound swab taken? Yes / No / N/A   |          |          |          |          |          |
| Temperature  |          |          |          |          |          |
| <b>MOISTURE/WOUND EXUDATE *May indicate local or spreading infection</b>     |          |          |          |          |          |
| Levels (Dry / moist / wet / saturated)                                       |          |          |          |          |          |
| Colour (Clear / blood stained ● / green ●)                                   |          |          |          |          |          |
| <b>EDGE - Please record maximum dimensions in cm</b>                         |          |          |          |          |          |
| Length   |          |          |          |          |          |
| Width  |          |          |          |          |          |
| Depth  |          |          |          |          |          |
| Ankle Circumference  |          |          |          |          |          |
| Calf Circumference   |          |          |          |          |          |
| <b>SURROUNDING SKIN</b>  |          |          |          |          |          |
| Healthy & intact   |          |          |          |          |          |
| Macerated  |          |          |          |          |          |
| Blistering   |          |          |          |          |          |
| Fragile  |          |          |          |          |          |
| Excoriation  |          |          |          |          |          |
| Dry skin   |          |          |          |          |          |
| <b>PAIN (0-10)</b>   |          |          |          |          |          |
| Generally  |          |          |          |          |          |
| Frequency  |          |          |          |          |          |
| At dressing change   |          |          |          |          |          |
| <b>WOUND STATUS</b>  |          |          |          |          |          |
| Improving / Static / Deteriorating   |          |          |          |          |          |
| <b>Signature</b>   |          |          |          |          |          |

**NB** ▲ May be significant signs of osteomyelitis

● May be significant signs of clinical infection

8 week review, calculate 40% healing rate and follow treatment algorithm.

Please complete Quality of life template at 8 weeks and 12 weeks.

## WOUND CARE ASSESSMENT CHART – RIGHT LEG

|  |          |          |          |          |          |
|--|----------|----------|----------|----------|----------|
| Date of next assessment: .....   |          |          |          |          |          |
| (due 12 weeks from last assessment)  |          |          |          |          |          |
| <b>Date</b>  |          |          |          |          |          |
| <b>Week</b>  | <b>5</b> | <b>6</b> | <b>7</b> | <b>8</b> | <b>9</b> |
| <b>TISSUE - Please state (out of 100%) percentage of tissue on wound bed</b> |          |          |          |          |          |
| Granulation  |          |          |          |          |          |
| Necrotic   |          |          |          |          |          |
| Slough   |          |          |          |          |          |
| Epithelialisation  |          |          |          |          |          |
| Over granulation   |          |          |          |          |          |
| Other – Bone / Fat / Tendon / Muscle ▲                                       |          |          |          |          |          |
| <b>INFLAMMATION/INFECTION</b>  |          |          |          |          |          |
| Odour present – Yes / No? ●  |          |          |          |          |          |
| Erythema to wound margins? Yes / No ●  |          |          |          |          |          |
| Spreading cellulitis? Yes / No ●   |          |          |          |          |          |
| Wound swab taken? Yes / No / N/A   |          |          |          |          |          |
| Temperature  |          |          |          |          |          |
| <b>MOISTURE/WOUND EXUDATE *May indicate local or spreading infection</b>     |          |          |          |          |          |
| Levels (Dry / moist / wet / saturated)                                       |          |          |          |          |          |
| Colour (Clear / blood stained ● / green ●)                                   |          |          |          |          |          |
| <b>EDGE - Please record maximum dimensions in cm</b>                         |          |          |          |          |          |
| Length   |          |          |          |          |          |
| Width  |          |          |          |          |          |
| Depth  |          |          |          |          |          |
| Ankle Circumference  |          |          |          |          |          |
| Calf Circumference   |          |          |          |          |          |
| <b>SURROUNDING SKIN</b>  |          |          |          |          |          |
| Healthy & intact   |          |          |          |          |          |
| Macerated  |          |          |          |          |          |
| Blistering   |          |          |          |          |          |
| Fragile  |          |          |          |          |          |
| Excoriation  |          |          |          |          |          |
| Dry skin   |          |          |          |          |          |
| <b>PAIN (0-10)</b>   |          |          |          |          |          |
| Generally  |          |          |          |          |          |
| Frequency  |          |          |          |          |          |
| At dressing change   |          |          |          |          |          |
| <b>WOUND STATUS</b>  |          |          |          |          |          |
| Improving / Static / Deteriorating   |          |          |          |          |          |
| <b>Signature</b>   |          |          |          |          |          |

**NB** ▲ May be significant signs of osteomyelitis

● May be significant signs of clinical infection

8 week review, calculate 40% healing rate and follow treatment algorithm.

Please complete Quality of life template at 8 weeks and 12 weeks.

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## WOUND CARE ASSESSMENT CHART – LEFT LEG

|  |                                     |           |           |           |           |
|--|-------------------------------------|-----------|-----------|-----------|-----------|
| LEFT ABPI .....  | Date of next assessment: .....      |           |           |           |           |
| LEFT TBPI .....  | (due 12 weeks from last assessment) |           |           |           |           |
| <b>Date</b>  |                                     |           |           |           |           |
| <b>Week</b>  | <b>10</b>                           | <b>11</b> | <b>12</b> | <b>13</b> | <b>14</b> |
| <b>TISSUE - Please state (out of 100%) percentage of tissue on wound bed</b> |                                     |           |           |           |           |
| Granulation  |                                     |           |           |           |           |
| Necrotic   |                                     |           |           |           |           |
| Slough   |                                     |           |           |           |           |
| Epithelialisation  |                                     |           |           |           |           |
| Over granulation   |                                     |           |           |           |           |
| Other – Bone / Fat / Tendon / Muscle ▲                                       |                                     |           |           |           |           |
| <b>INFLAMMATION/INFECTION</b>  |                                     |           |           |           |           |
| Odour present – Yes / No? ●  |                                     |           |           |           |           |
| Erythema to wound margins? Yes / No ●  |                                     |           |           |           |           |
| Spreading cellulitis? Yes / No ●   |                                     |           |           |           |           |
| Wound swab taken? Yes / No / N/A   |                                     |           |           |           |           |
| Temperature  |                                     |           |           |           |           |
| <b>MOISTURE/WOUND EXUDATE *May indicate local or spreading infection</b>     |                                     |           |           |           |           |
| Levels (Dry / moist / wet / saturated)                                       |                                     |           |           |           |           |
| Colour (Clear / blood stained ● / green ●)                                   |                                     |           |           |           |           |
| <b>EDGE - Please record maximum dimensions in cm</b>                         |                                     |           |           |           |           |
| Length   |                                     |           |           |           |           |
| Width  |                                     |           |           |           |           |
| Depth  |                                     |           |           |           |           |
| Ankle Circumference  |                                     |           |           |           |           |
| Calf Circumference   |                                     |           |           |           |           |
| <b>SURROUNDING SKIN</b>  |                                     |           |           |           |           |
| Healthy & intact   |                                     |           |           |           |           |
| Macerated  |                                     |           |           |           |           |
| Blistering   |                                     |           |           |           |           |
| Fragile  |                                     |           |           |           |           |
| Excoriation  |                                     |           |           |           |           |
| Dry skin   |                                     |           |           |           |           |
| <b>PAIN (0-10)</b>   |                                     |           |           |           |           |
| Generally  |                                     |           |           |           |           |
| Frequency  |                                     |           |           |           |           |
| At dressing change   |                                     |           |           |           |           |
| <b>WOUND STATUS</b>  |                                     |           |           |           |           |
| Improving / Static / Deteriorating   |                                     |           |           |           |           |
| Signature  |                                     |           |           |           |           |

**NB** ▲ May be significant signs of osteomyelitis

● May be significant signs of clinical infection

■ Please complete Quality of life template at 8 weeks and 12 weeks.

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## WOUND CARE ASSESSMENT CHART – RIGHT LEG

|  |                                     |           |           |           |           |
|--|-------------------------------------|-----------|-----------|-----------|-----------|
| RIGHT ABPI .....   | Date of next assessment: .....      |           |           |           |           |
| RIGHT TBPI .....   | (due 12 weeks from last assessment) |           |           |           |           |
| <b>Date</b>  |                                     |           |           |           |           |
| <b>Week</b>  | <b>10</b>                           | <b>11</b> | <b>12</b> | <b>13</b> | <b>14</b> |
| <b>TISSUE - Please state (out of 100%) percentage of tissue on wound bed</b> |                                     |           |           |           |           |
| Granulation  |                                     |           |           |           |           |
| Necrotic   |                                     |           |           |           |           |
| Slough   |                                     |           |           |           |           |
| Epithelialisation  |                                     |           |           |           |           |
| Over granulation   |                                     |           |           |           |           |
| Other – Bone / Fat / Tendon / Muscle ▲                                       |                                     |           |           |           |           |
| <b>INFLAMMATION/INFECTION</b>  |                                     |           |           |           |           |
| Odour present – Yes / No? ●  |                                     |           |           |           |           |
| Erythema to wound margins? Yes / No ●  |                                     |           |           |           |           |
| Spreading cellulitis? Yes / No ●   |                                     |           |           |           |           |
| Wound swab taken? Yes / No / N/A   |                                     |           |           |           |           |
| Temperature  |                                     |           |           |           |           |
| <b>MOISTURE/WOUND EXUDATE *May indicate local or spreading infection</b>     |                                     |           |           |           |           |
| Levels (Dry / moist / wet / saturated)                                       |                                     |           |           |           |           |
| Colour (Clear / blood stained ● / green ●)                                   |                                     |           |           |           |           |
| <b>EDGE - Please record maximum dimensions in cm</b>                         |                                     |           |           |           |           |
| Length   |                                     |           |           |           |           |
| Width  |                                     |           |           |           |           |
| Depth  |                                     |           |           |           |           |
| Ankle Circumference  |                                     |           |           |           |           |
| Calf Circumference   |                                     |           |           |           |           |
| <b>SURROUNDING SKIN</b>  |                                     |           |           |           |           |
| Healthy & intact   |                                     |           |           |           |           |
| Macerated  |                                     |           |           |           |           |
| Blistering   |                                     |           |           |           |           |
| Fragile  |                                     |           |           |           |           |
| Excoriation  |                                     |           |           |           |           |
| Dry skin   |                                     |           |           |           |           |
| <b>PAIN (0-10)</b>   |                                     |           |           |           |           |
| Generally  |                                     |           |           |           |           |
| Frequency  |                                     |           |           |           |           |
| At dressing change   |                                     |           |           |           |           |
| <b>WOUND STATUS</b>  |                                     |           |           |           |           |
| Improving / Static / Deteriorating   |                                     |           |           |           |           |
| Signature  |                                     |           |           |           |           |

**NB** ▲ May be significant signs of osteomyelitis

● May be significant signs of clinical infection

■ Please complete Quality of life template at 8 weeks and 12 weeks.

## WOUND CARE TREATMENT PLAN

| Week   | 10 | 11 | 12 | 13 | 14 |
|--|----|----|----|----|----|
| <b>Date/Time</b>   |    |    |    |    |    |
| <b>Cleansing Regime</b>  |    |    |    |    |    |
| Bucket wash Oilatum Plus Irrigation with Octenalin. Specific individual patient requirements |    |    |    |    |    |
| <b>Treatment Aim</b>   |    |    |    |    |    |
| State objectives of treatment. Healing/maintenance/symptom control                           |    |    |    |    |    |
| <b>Dressings Selected</b>  |    |    |    |    |    |
| Primary (contact) layer  |    |    |    |    |    |
| Secondary (outer) dressing   |    |    |    |    |    |
| Compression level used<br>20mmHg /40mmHg / awaiting or declined Doppler                      |    |    |    |    |    |
| Please state type of compression bandage selected<br>(Refer to Leg Ulcer Pathway)            |    |    |    |    |    |
| <b>Special Considerations</b>  |    |    |    |    |    |
| May include patient advice provided, particular patient requests, e.g. leg elevation         |    |    |    |    |    |
| Skin care regime, emollients/topical steroids/barrier creams                                 |    |    |    |    |    |
| Specific leaflets given – NICE/Trust guidelines  |    |    |    |    |    |
| <b>Frequency of Dressing Change</b>  |    |    |    |    |    |
| For example: daily/twice weekly  |    |    |    |    |    |
| <b>Treatment Evaluation Due</b>  |    |    |    |    |    |
| Frequency of planned evaluation for potential change in treatment                            |    |    |    |    |    |
| Date of treatment evaluation due   |    |    |    |    |    |
| <b>Signature</b>   |    |    |    |    |    |

All dressing regimes to be reviewed at 2 weeks to determine clinical effectiveness

## WOUND CARE TREATMENT PLAN

| Week   | 15 | 16 | 17 | 18 | 19 |
|--|----|----|----|----|----|
| <b>Date/Time</b>   |    |    |    |    |    |
| <b>Cleansing Regime</b>  |    |    |    |    |    |
| Bucket wash Oilatum Plus Irrigation with Octenalin. Specific individual patient requirements |    |    |    |    |    |
| <b>Treatment Aim</b>   |    |    |    |    |    |
| State objectives of treatment. Healing/maintenance/symptom control                           |    |    |    |    |    |
| <b>Dressings Selected</b>  |    |    |    |    |    |
| Primary (contact) layer  |    |    |    |    |    |
| Secondary (outer) dressing   |    |    |    |    |    |
| Compression level used<br>20mmHg /40mmHg / awaiting or declined Doppler                      |    |    |    |    |    |
| Please state type of compression bandage selected<br>(Refer to Leg Ulcer Pathway)            |    |    |    |    |    |
| <b>Special Considerations</b>  |    |    |    |    |    |
| May include patient advice provided, particular patient requests, e.g. leg elevation         |    |    |    |    |    |
| Skin care regime, emollients/topical steroids/barrier creams                                 |    |    |    |    |    |
| Specific leaflets given – NICE/Trust guidelines  |    |    |    |    |    |
| <b>Frequency of Dressing Change</b>  |    |    |    |    |    |
| For example: daily/twice weekly  |    |    |    |    |    |
| <b>Treatment Evaluation Due</b>  |    |    |    |    |    |
| Frequency of planned evaluation for potential change in treatment                            |    |    |    |    |    |
| Date of treatment evaluation due   |    |    |    |    |    |
| <b>Signature</b>   |    |    |    |    |    |

All dressing regimes to be reviewed at 2 weeks to determine clinical effectiveness

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## WOUND CARE ASSESSMENT CHART – LEFT LEG

|  |                                |    |    |    |    |
|--|--------------------------------|----|----|----|----|
| LEFT ABPI .....  | Date of next assessment: ..... |    |    |    |    |
| LEFT TBPI .....  |                                |    |    |    |    |
| <b>Date</b>  |                                |    |    |    |    |
| <b>Week</b>  | 15                             | 16 | 17 | 18 | 19 |
| <b>TISSUE - Please state (out of 100%) percentage of tissue on wound bed</b> |                                |    |    |    |    |
| Granulation  |                                |    |    |    |    |
| Necrotic   |                                |    |    |    |    |
| Slough   |                                |    |    |    |    |
| Epithelialisation  |                                |    |    |    |    |
| Over granulation   |                                |    |    |    |    |
| Other – Bone / Fat / Tendon / Muscle ▲                                       |                                |    |    |    |    |
| <b>INFLAMMATION/INFECTION</b>  |                                |    |    |    |    |
| Odour present – Yes / No? ●  |                                |    |    |    |    |
| Erythema to wound margins? Yes / No ●  |                                |    |    |    |    |
| Spreading cellulitis? Yes / No ●   |                                |    |    |    |    |
| Wound swab taken? Yes / No / N/A   |                                |    |    |    |    |
| Temperature  |                                |    |    |    |    |
| <b>MOISTURE/WOUND EXUDATE *May indicate local or spreading infection</b>     |                                |    |    |    |    |
| Levels (Dry / moist / wet / saturated)                                       |                                |    |    |    |    |
| Colour (Clear / blood stained ● / green ●)                                   |                                |    |    |    |    |
| <b>EDGE - Please record maximum dimensions in cm</b>                         |                                |    |    |    |    |
| Length   |                                |    |    |    |    |
| Width  |                                |    |    |    |    |
| Depth  |                                |    |    |    |    |
| Ankle Circumference  |                                |    |    |    |    |
| Calf Circumference   |                                |    |    |    |    |
| <b>SURROUNDING SKIN</b>  |                                |    |    |    |    |
| Healthy & intact   |                                |    |    |    |    |
| Macerated  |                                |    |    |    |    |
| Blistering   |                                |    |    |    |    |
| Fragile  |                                |    |    |    |    |
| Excoriation  |                                |    |    |    |    |
| Dry skin   |                                |    |    |    |    |
| <b>PAIN (0-10)</b>   |                                |    |    |    |    |
| Generally  |                                |    |    |    |    |
| Frequency  |                                |    |    |    |    |
| At dressing change   |                                |    |    |    |    |
| <b>WOUND STATUS</b>  |                                |    |    |    |    |
| Improving / Static / Deteriorating   |                                |    |    |    |    |
| Signature  |                                |    |    |    |    |

**NB** ▲ May be significant signs of osteomyelitis

● May be significant signs of clinical infection

16 week review; refer to Tissue Viability Service if not healed at 16 weeks or has not achieved 40% wound reduction.

Please complete Quality of life template at 16 weeks.

PATIENT LABEL



Manchester University  
NHS Foundation Trust

## WOUND CARE ASSESSMENT CHART – RIGHT LEG

|  |                                |    |    |    |    |
|--|--------------------------------|----|----|----|----|
| RIGHT ABPI .....   | Date of next assessment: ..... |    |    |    |    |
| RIGHT TBPI .....   |                                |    |    |    |    |
| <b>Date</b>  |                                |    |    |    |    |
| <b>Week</b>  | 15                             | 16 | 17 | 18 | 19 |
| <b>TISSUE - Please state (out of 100%) percentage of tissue on wound bed</b> |                                |    |    |    |    |
| Granulation  |                                |    |    |    |    |
| Necrotic   |                                |    |    |    |    |
| Slough   |                                |    |    |    |    |
| Epithelialisation  |                                |    |    |    |    |
| Over granulation   |                                |    |    |    |    |
| Other – Bone / Fat / Tendon / Muscle ▲                                       |                                |    |    |    |    |
| <b>INFLAMMATION/INFECTION</b>  |                                |    |    |    |    |
| Odour present – Yes / No? ●  |                                |    |    |    |    |
| Erythema to wound margins? Yes / No ●  |                                |    |    |    |    |
| Spreading cellulitis? Yes / No ●   |                                |    |    |    |    |
| Wound swab taken? Yes / No / N/A   |                                |    |    |    |    |
| Temperature  |                                |    |    |    |    |
| <b>MOISTURE/WOUND EXUDATE *May indicate local or spreading infection</b>     |                                |    |    |    |    |
| Levels (Dry / moist / wet / saturated)                                       |                                |    |    |    |    |
| Colour (Clear / blood stained ● / green ●)                                   |                                |    |    |    |    |
| <b>EDGE - Please record maximum dimensions in cm</b>                         |                                |    |    |    |    |
| Length   |                                |    |    |    |    |
| Width  |                                |    |    |    |    |
| Depth  |                                |    |    |    |    |
| Ankle Circumference  |                                |    |    |    |    |
| Calf Circumference   |                                |    |    |    |    |
| <b>SURROUNDING SKIN</b>  |                                |    |    |    |    |
| Healthy & intact   |                                |    |    |    |    |
| Macerated  |                                |    |    |    |    |
| Blistering   |                                |    |    |    |    |
| Fragile  |                                |    |    |    |    |
| Excoriation  |                                |    |    |    |    |
| Dry skin   |                                |    |    |    |    |
| <b>PAIN (0-10)</b>   |                                |    |    |    |    |
| Generally  |                                |    |    |    |    |
| Frequency  |                                |    |    |    |    |
| At dressing change   |                                |    |    |    |    |
| <b>WOUND STATUS</b>  |                                |    |    |    |    |
| Improving / Static / Deteriorating   |                                |    |    |    |    |
| Signature  |                                |    |    |    |    |

**NB** ▲ May be significant signs of osteomyelitis

● May be significant signs of clinical infection

16 week review; refer to Tissue Viability Service if not healed at 16 weeks or has not achieved 40% wound reduction.

Please complete Quality of life template at 16 weeks.

## WOUND CARE ASSESSMENT CHART – LEFT LEG

|  |                                |           |           |           |           |
|--|--------------------------------|-----------|-----------|-----------|-----------|
| LEFT ABPI .....  | Date of next assessment: ..... |           |           |           |           |
| LEFT TBPI .....  |                                |           |           |           |           |
| <b>Date</b>  |                                |           |           |           |           |
| <b>Week</b>  | <b>20</b>                      | <b>21</b> | <b>22</b> | <b>23</b> | <b>24</b> |
| <b>TISSUE - Please state (out of 100%) percentage of tissue on wound bed</b> |                                |           |           |           |           |
| Granulation  |                                |           |           |           |           |
| Necrotic   |                                |           |           |           |           |
| Slough   |                                |           |           |           |           |
| Epithelialisation  |                                |           |           |           |           |
| Over granulation   |                                |           |           |           |           |
| Other – Bone / Fat / Tendon / Muscle ▲                                       |                                |           |           |           |           |
| <b>INFLAMMATION/INFECTION</b>  |                                |           |           |           |           |
| Odour present – Yes / No? ●  |                                |           |           |           |           |
| Erythema to wound margins? Yes / No ●  |                                |           |           |           |           |
| Spreading cellulitis? Yes / No ●   |                                |           |           |           |           |
| Wound swab taken? Yes / No / N/A   |                                |           |           |           |           |
| Temperature  |                                |           |           |           |           |
| <b>MOISTURE/WOUND EXUDATE *May indicate local or spreading infection</b>     |                                |           |           |           |           |
| Levels (Dry / moist / wet / saturated)                                       |                                |           |           |           |           |
| Colour (Clear / blood stained ● / green ●)                                   |                                |           |           |           |           |
| <b>EDGE - Please record maximum dimensions in cm</b>                         |                                |           |           |           |           |
| Length   |                                |           |           |           |           |
| Width  |                                |           |           |           |           |
| Depth  |                                |           |           |           |           |
| Ankle Circumference  |                                |           |           |           |           |
| Calf Circumference   |                                |           |           |           |           |
| <b>SURROUNDING SKIN</b>  |                                |           |           |           |           |
| Healthy & intact   |                                |           |           |           |           |
| Macerated  |                                |           |           |           |           |
| Blistering   |                                |           |           |           |           |
| Fragile  |                                |           |           |           |           |
| Excoriation  |                                |           |           |           |           |
| Dry skin   |                                |           |           |           |           |
| <b>PAIN (0-10)</b>   |                                |           |           |           |           |
| Generally  |                                |           |           |           |           |
| Frequency  |                                |           |           |           |           |
| At dressing change   |                                |           |           |           |           |
| <b>WOUND STATUS</b>  |                                |           |           |           |           |
| Improving / Static / Deteriorating   |                                |           |           |           |           |
| <b>Signature</b>   |                                |           |           |           |           |

**NB** ▲ May be significant signs of osteomyelitis

● May be significant signs of clinical infection

  24 week review, refer to Tissue Viability Service if not healed or previously referred at 16 weeks.

  Please complete Quality of life template at 24 weeks

PATIENT LABEL



Manchester University  
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## WOUND CARE ASSESSMENT CHART – RIGHT LEG

|  |                                |           |           |           |           |
|--|--------------------------------|-----------|-----------|-----------|-----------|
| RIGHT ABPI .....   | Date of next assessment: ..... |           |           |           |           |
| RIGHT TBPI .....   |                                |           |           |           |           |
| <b>Date</b>  |                                |           |           |           |           |
| <b>Week</b>  | <b>20</b>                      | <b>21</b> | <b>22</b> | <b>23</b> | <b>24</b> |
| <b>TISSUE - Please state (out of 100%) percentage of tissue on wound bed</b> |                                |           |           |           |           |
| Granulation  |                                |           |           |           |           |
| Necrotic   |                                |           |           |           |           |
| Slough   |                                |           |           |           |           |
| Epithelialisation  |                                |           |           |           |           |
| Over granulation   |                                |           |           |           |           |
| Other – Bone / Fat / Tendon / Muscle ▲                                       |                                |           |           |           |           |
| <b>INFLAMMATION/INFECTION</b>  |                                |           |           |           |           |
| Odour present – Yes / No? ●  |                                |           |           |           |           |
| Erythema to wound margins? Yes / No ●  |                                |           |           |           |           |
| Spreading cellulitis? Yes / No ●   |                                |           |           |           |           |
| Wound swab taken? Yes / No / N/A   |                                |           |           |           |           |
| Temperature  |                                |           |           |           |           |
| <b>MOISTURE/WOUND EXUDATE *May indicate local or spreading infection</b>     |                                |           |           |           |           |
| Levels (Dry / moist / wet / saturated)                                       |                                |           |           |           |           |
| Colour (Clear / blood stained ● / green ●)                                   |                                |           |           |           |           |
| <b>EDGE - Please record maximum dimensions in cm</b>                         |                                |           |           |           |           |
| Length   |                                |           |           |           |           |
| Width  |                                |           |           |           |           |
| Depth  |                                |           |           |           |           |
| Ankle Circumference  |                                |           |           |           |           |
| Calf Circumference   |                                |           |           |           |           |
| <b>SURROUNDING SKIN</b>  |                                |           |           |           |           |
| Healthy & intact   |                                |           |           |           |           |
| Macerated  |                                |           |           |           |           |
| Blistering   |                                |           |           |           |           |
| Fragile  |                                |           |           |           |           |
| Excoriation  |                                |           |           |           |           |
| Dry skin   |                                |           |           |           |           |
| <b>PAIN (0-10)</b>   |                                |           |           |           |           |
| Generally  |                                |           |           |           |           |
| Frequency  |                                |           |           |           |           |
| At dressing change   |                                |           |           |           |           |
| <b>WOUND STATUS</b>  |                                |           |           |           |           |
| Improving / Static / Deteriorating   |                                |           |           |           |           |
| <b>Signature</b>   |                                |           |           |           |           |

**NB** ▲ May be significant signs of osteomyelitis

● May be significant signs of clinical infection

24 week review, refer to Tissue Viability Service if not healed or previously referred at 16 weeks.

Please complete Quality of life template at 24 weeks

## WOUND CARE TREATMENT PLAN

| Week   | 20 | 21 | 22 | 23 | 24 |
|--|----|----|----|----|----|
| <b>Date/Time</b>   |    |    |    |    |    |
| <b>Cleansing Regime</b>  |    |    |    |    |    |
| Bucket wash Oilatum Plus Irrigation with Octenalin. Specific individual patient requirements |    |    |    |    |    |
| <b>Treatment Aim</b>   |    |    |    |    |    |
| State objectives of treatment. Healing/maintenance/symptom control                           |    |    |    |    |    |
| <b>Dressings Selected</b>  |    |    |    |    |    |
| Primary (contact) layer  |    |    |    |    |    |
| Secondary (outer) dressing   |    |    |    |    |    |
| Compression level used<br>20mmHg /40mmHg / awaiting or declined Doppler                      |    |    |    |    |    |
| Please state type of compression bandage selected<br>(Refer to Leg Ulcer Pathway)            |    |    |    |    |    |
| <b>Special Considerations</b>  |    |    |    |    |    |
| May include patient advice provided, particular patient requests, e.g. leg elevation         |    |    |    |    |    |
| Skin care regime, emollients/topical steroids/barrier creams                                 |    |    |    |    |    |
| Specific leaflets given – NICE/Trust guidelines  |    |    |    |    |    |
| <b>Frequency of Dressing Change</b>  |    |    |    |    |    |
| For example: daily/twice weekly  |    |    |    |    |    |
| <b>Treatment Evaluation Due</b>  |    |    |    |    |    |
| Frequency of planned evaluation for potential change in treatment                            |    |    |    |    |    |
| Date of treatment evaluation due   |    |    |    |    |    |
| <b>Signature</b>   |    |    |    |    |    |

All dressing regimes to be reviewed at 2 weeks to determine clinical effectiveness

# Quality of Life Wound Checklist

Name.....Date.....

Date of birth..... NHS number

A wound (or cut, injury, ulcer) is a break to the skin that may be taking some time to heal. Please answer these questions about how you are coping with your wound.

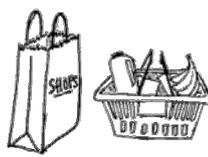


1. Can you walk as well as you did before you had your wound?





  
  
  
 Yes Sometimes No



2. Can you go out as easily as before you had your wound?





  
  
  
 Yes Sometimes No



3. Do you eat well?





  
  
  
 Yes Sometimes No



4. Are you able to have a shower or bath?





  
  
  
 Yes Sometimes No



5. Are you able to wear clothes and shoes that you want to?





  
  
  
 Yes Sometimes No


Name.....Date.....

Date of birth..... NHS number

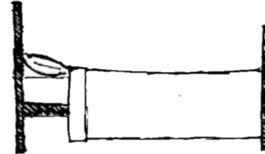
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|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

6. Do you get a good night's sleep?



Yes Sometimes No

7. Please circle the picture to show if you sleep in a bed or in a chair.



8. Please circle a number to show how your pain has been recently.

No Pain

Worst Pain

0 1 2 3 4 5 6 7 8 9 10

9. What medication do you take for your pain?



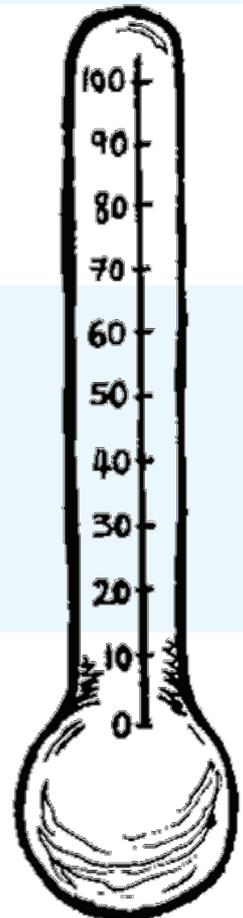
10. Where do you get your support from?



11. How do you rate your overall quality of life?  
Please circle the number to show your answer



0 =worst quality of life 100 = best quality of life



# Quality of Life Wound Checklist

Name.....Date.....

Date of birth..... NHS number

A wound (or cut, injury, ulcer) is a break to the skin that may be taking some time to heal. Please answer these questions about how you are coping with your wound.



1. Can you walk as well as you did before you had your wound?





  
  
  
 Yes Sometimes No



2. Can you go out as easily as before you had your wound?





  
  
  
 Yes Sometimes No



3. Do you eat well?





  
  
  
 Yes Sometimes No

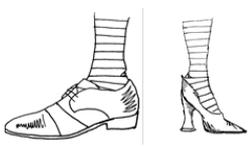


4. Are you able to have a shower or bath?





  
  
  
 Yes Sometimes No



5. Are you able to wear clothes and shoes that you want to?





  
  
  
 Yes Sometimes No

Name.....Date.....

Date of birth..... NHS number

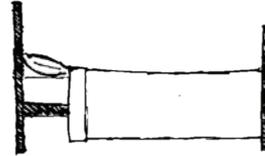
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|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

6. Do you get a good night's sleep?



Yes Sometimes No

7. Please circle the picture to show if you sleep in a bed or in a chair.



8. Please circle a number to show how your pain has been recently.

No Pain

Worst Pain

0 1 2 3 4 5 6 7 8 9 10

9. What medication do you take for your pain?



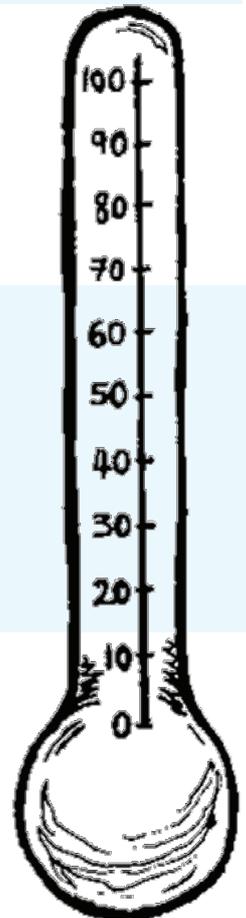
10. Where do you get your support from?



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# Quality of Life Wound Checklist

Name.....Date.....

Date of birth..... NHS number

A wound (or cut, injury, ulcer) is a break to the skin that may be taking some time to heal. Please answer these questions about how you are coping with your wound.



1. Can you walk as well as you did before you had your wound?



|   |   |   |
|---|---|---|
|  |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Yes   | Sometimes   | No  |



2. Can you go out as easily as before you had your wound?



|   |   |   |
|---|---|---|
|  |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Yes   | Sometimes   | No  |



3. Do you eat well?



|   |   |   |
|---|---|---|
|  |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Yes   | Sometimes   | No  |



4. Are you able to have a shower or bath?



|   |   |   |
|---|---|---|
|  |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Yes   | Sometimes   | No  |



5. Are you able to wear clothes and shoes that you want to?



|   |   |   |
|---|---|---|
|  |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Yes   | Sometimes   | No  |

Name.....Date.....

Date of birth..... NHS number

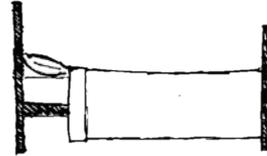
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|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

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Worst Pain

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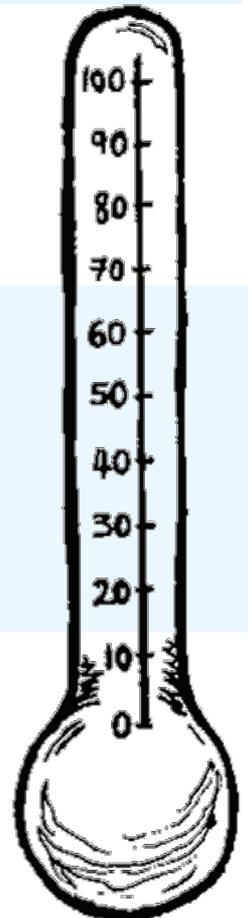
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# Quality of Life Wound Checklist

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Date of birth..... NHS number

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 Yes Sometimes No



2. Can you go out as easily as before you had your wound?





  
  
  
 Yes Sometimes No



3. Do you eat well?





  
  
  
 Yes Sometimes No



4. Are you able to have a shower or bath?





  
  
  
 Yes Sometimes No



5. Are you able to wear clothes and shoes that you want to?





  
  
  
 Yes Sometimes No


Name.....Date.....

Date of birth..... NHS number

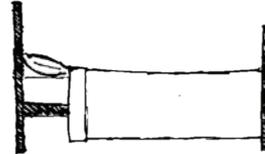
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|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

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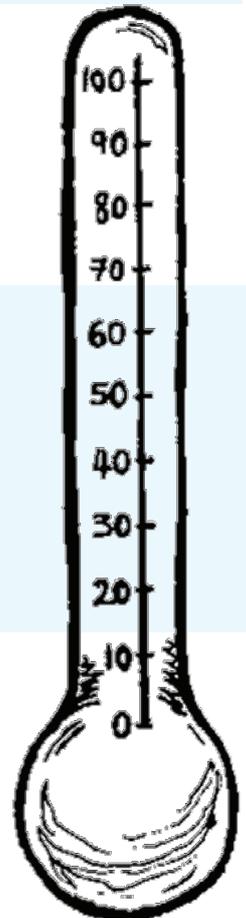
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# Quality of Life Wound Checklist

Name.....Date.....

Date of birth..... NHS number

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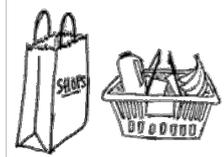
1. Can you walk as well as you did before you had your wound?





Yes Sometimes No



2. Can you go out as easily as before you had your wound?





Yes Sometimes No



3. Do you eat well?





Yes Sometimes No



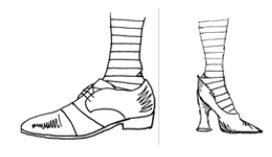
4. Are you able to have a shower or bath?





Yes Sometimes No



5. Are you able to wear clothes and shoes that you want to?





Yes Sometimes No



Name.....Date.....

Date of birth..... NHS number

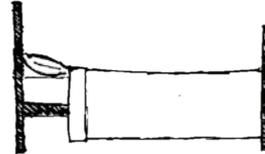
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|--|--|--|--|--|--|--|--|--|--|

6. Do you get a good night's sleep?



Yes Sometimes No

7. Please circle the picture to show if you sleep in a bed or in a chair.



8. Please circle a number to show how your pain has been recently.

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Worst Pain

0 1 2 3 4 5 6 7 8 9 10

9. What medication do you take for your pain?



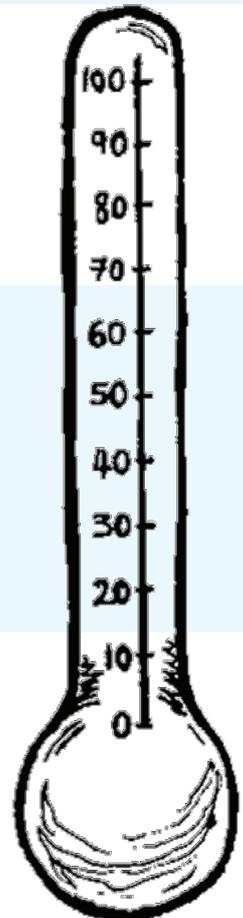
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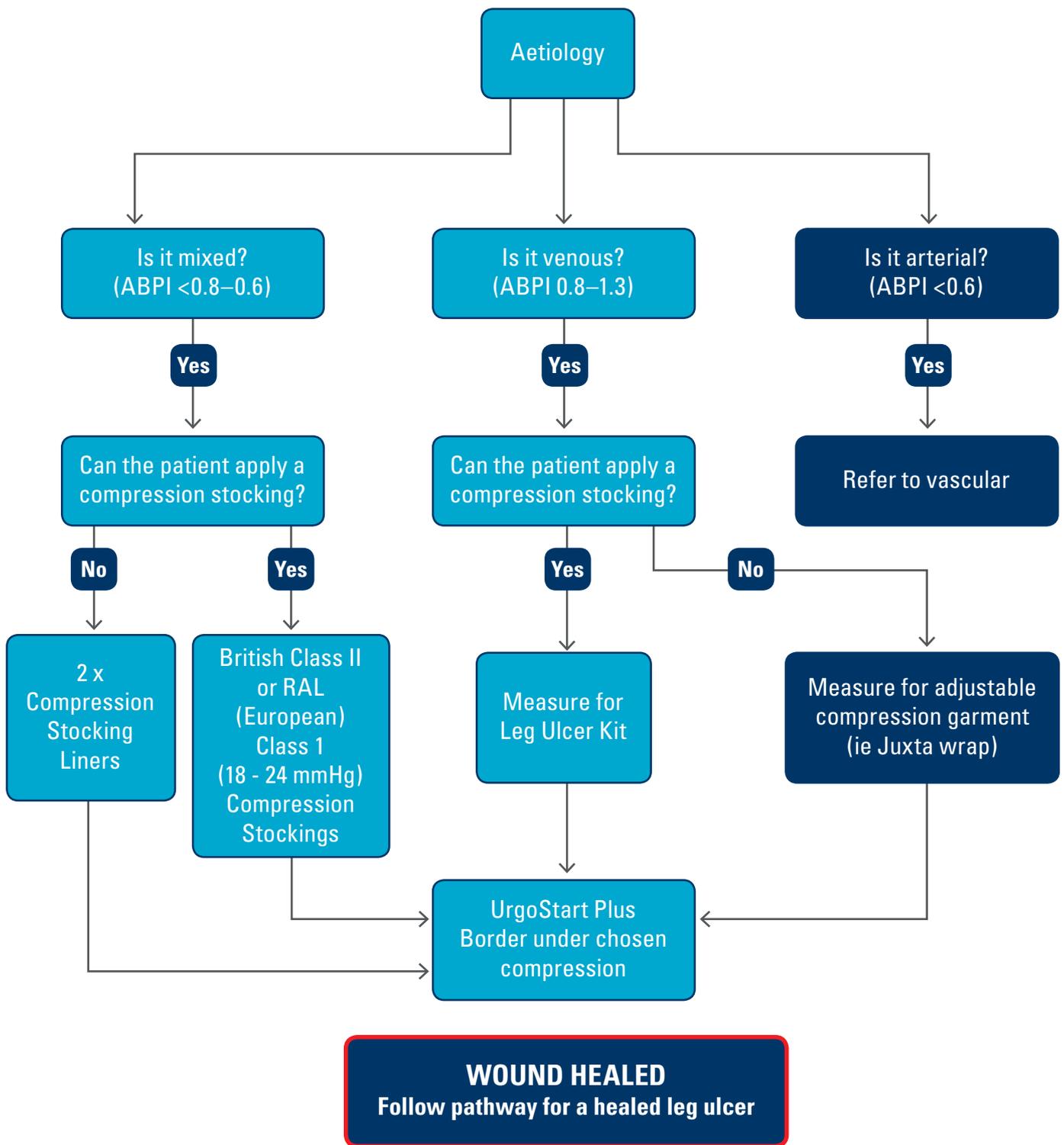
11. How do you rate your overall quality of life?  
Please circle the number to show your answer



0 =worst quality of life 100 = best quality of life



# TREATMENT ROOM LEG ULCER PATHWAY



If there is local, spreading or systemic infection present please follow treatment algorithm for appropriate management and antimicrobial dressings





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