



# Pressure Ulcers: Clinical Fact Sheet: Quick Assessment of Leg Ulcers

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

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