

GIPPSLAND REGIONAL LOWER LIMB ASSESSMENT

(Community use for lower limb wounds)

UR: _____ DOB: / /
 Surname: _____ Given: _____
 Residential Address: _____
 Locality: _____ Postcode: _____
 Phone (home): _____ Mobile: _____

Date:

Wound Location:

HISTORY

> 65 years Diabetes Smoking Renal Disease Peripheral Sensory Neuropathy

ASSESSMENT

RIGHT		LEFT	
Waveform	Monophasic / Biphasic / Triphasic / Absent (circle)	Waveform	Monophasic / Biphasic / Triphasic / Absent (circle)
Sounds	Monophasic / Biphasic / Triphasic / Absent (circle)	Sounds	Monophasic / Biphasic / Triphasic / Absent (circle)
Toe pressure (TP) (Average of 2)	(mmHg)	Toe pressure (TP) (Average of 2)	(mmHg)
Buerger's test	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	Buerger's test	<input type="checkbox"/> Negative <input type="checkbox"/> Positive

Clinical interpretation (circle) Arterial (Ischaemic) / Neuropathic / Neuro-Ischaemic / Mixed disease / Venous

GUIDELINES for VASCULAR REVIEW, COMPRESSION THERAPY and DEBRIDEMENT

<input type="checkbox"/> TP < 40 mmHg	<input type="checkbox"/> TP 41 – 50 mmHg	<input type="checkbox"/> TP 51 – 60 mmHg	<input type="checkbox"/> TP > 60mmHg
Severe PAD	Severe to Moderate PAD	Mild PAD	Normal

VASCULAR REVIEW

URGENT ASAP to determine severity of PAD/CVI If wound NOT ↓ 20% in 4/52

COMPRESSION THERAPY

<input type="checkbox"/> NIL	<input type="checkbox"/> MILD < 20mmHg <ul style="list-style-type: none"> • 2 – 3 layers of straight tubular bandage removed at night • Crepe bandage • Lightly applied compression bandages 	<input type="checkbox"/> MODERATE 20-40mmHg <ul style="list-style-type: none"> • Graduated tubular bandages • Compression socks • Elastic or inelastic compression bandage to clients' tolerance 	<input type="checkbox"/> HIGH > 40mmHg <u>Ambulant</u> <ul style="list-style-type: none"> • Inelastic bandage systems <u>Immobile</u> <ul style="list-style-type: none"> • Elastic compression systems • +/- Intermittent pneumatic compression • 40mmHg is contraindicated for clients neuropathy or CCF
------------------------------	--	---	---

- **NO compression or debridement** if ischaemic rest pain or positive Buerger's test
- Client must be able to safely remove compression or have someone who can AND
- Client must have adequate cognition to follow compression precautions

WOUND DEBRIDEMENT (Includes autolytic, mechanical and sharp debridement)

NIL NIL Yes Yes

INTERVENTIONS

Name / Signature / Designation: