

GUIDELINE SUMMARY
 May 2011

Assess and Diagnosis Arterial Ulcers

Client Concerns

- Understanding of wound healing / risk factors; motivation to adhere to treatment plan.
- Impact on daily life / body image
- Psycho social / financial / mental health concerns & supports
- Impact of environment
- Client / family preferences for treatment.

Risk Factors for Healing

- Poor nutritional status
- High risk medical conditions & medications
- Impaired oxygenation status
- History of previous ulcers
- Smoking / substance use
- Poor mobility, transferability & activity
- Poor foot care routines; improper footwear

Presentation of Arterial Ulcers

- Location: pressure points or areas of repetitive trauma, e.g. on toes, metatarsal heads, lateral malleolus, heels
- Wound base: shallow or deep & pale pink or yellow base; necrotic tissue & eschar are common
- Gangrene: presence of wet or dry gangrene
- Wound Edges: demarcated, , round, "punched out" edge
- Exudate: little or no exudate
- Peri wound skin: thin, dry & shiny with hair loss on the lower extremities, thickened toe nails & calluses
- Pain: often severe;



Presentation of Arterial Lower Limb

- Peripheral pulses diminished or absent
- Capillary refill delayed; ABI < 0.91
- Skin colour pale on elevation & rubor when dependent
- Skin temperature cool/cold with temperature differences between toes, feet & lower leg
- Pain, often severe; worse with activity or elevation; may exhibit intermittent claudication progressing to resting pain as condition worsens

Wound Infection

- New onset or ↑ pain
- Wound odour after cleansing
- Friable granulation tissue
- Wound deterioration; ↑ size
- Induration / erythema ≥ 2 cm
- ↑ in or purulent exudate
- Probing to bone or other structures.
- Infection common but may be muted or non existent

Prevent & Treat Arterial Ulcers

Client Care Management

Wound Management

Client Concerns

- Care plan reflects client abilities, concerns & preference for treatment
- Refer for financial, psycho-social & mental health concerns

Client Education & Resources

- Teach routine daily foot care measures, early recognition of problems, and appropriate footwear & leg position
- Teach strategies for managing pain, early recognition & treatment of risk factors, managing chronic disease

Pain Management (Link to Pain DST)

- Teach client to act on new or worsening pain.
- Coordinate care with regular analgesic in appropriate dose
- Address neuropathic pain.
- Pain reducing dressings
- Reposition / use support surfaces to reduce pain
- Regular pain reassessment & refer if not well controlled

Address Risk Factors

- Support good nutrition
- Support substance use management / smoking cessation
- Support medication adherence & chronic disease management as indicated
- Avoid restrictive clothing on LL
- Protect LL from heat, cold & trauma
- ↑ HOB 10-15cm
- Support supervised exercise program

Foot Care

- Discourage walking barefoot
- Regular foot inspection, good foot care & hygiene
- Non weight bearing for plantar surface ulcers.
- Protect feet from trauma
- Eliminate pressure over foot / ankle ulcers in bed
- Refer for offloading over pressure points & ulcers / appropriate footwear as required
- For diabetic ulcers link to Diabetic Ulcer DST

Healable Wounds

- Adhere to hand washing protocols
- Use appropriate aseptic technique
- For dry ulcers, maintain eschar / protect wound with antiseptic solution & dry dressing
- Refer if dry ulcer becomes wet
- For wet ulcers, support moist wound healing / use autolytic debridement if indicated.

Non Healable Wounds

- Adhere to hand washing protocols
- Use appropriate aseptic technique
- For dry ulcers, maintain the eschar / protect the wound with antiseptic & dry dressing
- Refer if dry ulcer becomes wet
- For wet ulcers, dry and protect the wound with antiseptic & a dry dressing
- Do not debride wet or dry wounds

Wound Infection

- Monitor for S & S of infection
- Refer if infection present or wound probes to bone
- Use appropriate anti microbial dressings
- Debride non viable tissue on healable wounds
- Support client to recognize S & S of infection

Discharge Planning

- Initiate discharge planning during initial client encounter , except LTC
- Ensure continuity of care across sectors
- Support timely discharge & client independence.

Intended outcomes met

Client Outcomes

Intended outcomes not met

