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GUIDELINE SUMMARY
June 2011

Assess and Diagnosis Venous & Mixed Ulcers

Client Concerns
Understanding of wound healing / risk factors; motivation to adhere to treatment plan.

- Impact on daily life / body image
- Social / financial / mental health concerns & supports
- Impact of current environment
- Client / family preferences for treatment.

Risk Factors for Healing

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

Presentation of Venous Ulcers

- Location: distal medial 1/3 of the lower leg (gaiter area) or medial malleolus
- Wound base: usually shallow ruddy base + / - yellow fibrin debris; necrotic eschar rare
- Exudate: moderate to large serous
- Wound Edges: irregular margins often diffuse
- Peri wound skin and surrounding skin: presents with edema, weeping dermatitis, occasional cellulitis, reddish brown staining, woody fibrosis & skin thickening.
- Pain: aching pain when legs dependent; relieved on elevation.



Presentation of Venous Lower Limb

- Peripheral pulses present & palpable, may be hard to find due to edema
- Capillary refill normal; ABI usually bt 0.91 – 1.30
- Skin temperature normal
- Skin colour may be cyanotic; reddish brown discoloration, red due to dermatitis
- Leg and foot may show generalised dependent edema
- Weeping dermatitis, cellulitis, atrophe blanche may be present
- **Mixed Ulcers shows signs of both Venous & Arterial**

Wound Infection

- Peri ulcer inflammation
- New onset or ↑ pain
- Wound odour after cleansing
- Friable granulation tissue
- Wound deterioration ↑ size
- Induration/erythema ≥ 2cm
- ↑ in or purulent exudate
- Malaise / fever
- Probing to bone or other structures.

Prevent & Treat Venous & Mixed Ulcers

Client Care Management

Client Concerns

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

Client Education & Resources

- Routine daily foot care measures
- Avoid prolonged standing; early recognition & tx of risk factors; appropriate footwear.
- Reinforce benefits of compression therapy

Pain Relief

- Teach client to act on new or worsening pain.
- Coordinate care with regular analgesic administration in appropriate doses
- Pain - reducing dressings
- Reposition / use support surfaces to reduce pain
- Reassess pain regularly & refer if not controlled

Address Risk Factors

- Support good nutrition
- Support smoking cessation / substance use management
- Support adherence to medication regimen; chronic disease management
- Protect extremities from trauma; elevate legs
- Avoid restrictive lower limb clothing
- Support mobility program & active ankle ROM
- Avoid allergens
- Refer for / implement compression therapy as ordered

Wound Management

Venous Wounds

- Adhere to hand washing protocols
- Use appropriate aseptic technique
- Cleanse / irrigate the wound
- Use autolytic debridement, if indicated
- Apply absorbent dressings that will maintain moisture balance & keep peri wound skin dry
- Hydrate surrounding skin with non sensitizing moisturizers
- Apply appropriate compression therapy if not contraindicated
- Reassess wound at every dressing change; full assessment weekly as per care plan
- Refer to wound care clinician/physician/NP if wound deteriorates

Mixed Wounds

- Manage wound based on the predominant etiology
- Refer to Wound Care Clinician

Treat Infection.

- Monitor for S & S of wound infection
- Refer if infection present or wound probes to bone
- Use appropriate anti microbial dressings
- Debride non viable tissue
- Teach client S & S of infection, g. new onset or increasing pain.

Discharge Planning

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

Intended outcomes

Client Outcomes

Intended outcomes not met

