Ontario
North East Local Health Integration Network
Réseau local d'intégration des services de santé du Nord-Est

Surname:	First Name:
CHRIS #:	Date of Birth (DD/MM/YYYY):
HCN:	Version Code

WOUND-VENOUS LEG ULCER PATHWAY

Venous Leg Ulcer (VLU): Characterized by edema of the legs with shallow irregular shaped wound(s) typically occurring on the medial or lateral distal lower leg. The ulcer is usually red but can also contain slough, yellow film or fibrin. Etiology of VLU is chronic venous hypertension. The failure of valves in the veins and/or ineffective calf muscle pump results in inadequate venous return from the legs

To be completed at least once weekly and/or with change in patient condition **This tool is used only as a guide and does not replace clinical judgment* Date/Initial →	✓ **where applicable; (N/A) where not applicable**			
COMPREHENSIVE ASSESSMENT				
Complete a comprehensive patient history and assessment including: wound, age of wound, previous history of wound, comorbidities, medications, immune status, vascular status and nutritional status.				
Perform and document weekly a comprehensive wound assessment identifying wound dimensions, wound bed appearance (need for debridement), exudate (amount and type), periwound appearance and calf circumference. Record percentage of weekly healing.				
Perform and document a complete pain assessment				
Complete lower leg assessment including **ABPI**, with initial assessment, every 4-6 months and with wound deterioration, forward to NE LHIN. Possible false high ABPI include patients with diabetes, renal failure or edema. Contact primary care provider (PCP) for referral for arterial dopplers if indicated by ABPI/assessment				
Inspect skin for signs of breakdown. Identify causative factors at each visit and with any change in wound status				
Assess wound for signs/symptoms of infection: induration, increased exudate, unusual odour, delayed healing, friable or discoloured granulation tissue, periwound erythema greater than 2cm and report to PCP				
Complete nutritional assessment screening tool.				
Assess, determine and emphasize importance of patient adherence to individualized treatment plan.				
Photo image upload at initial visit and monthly and with wound deterioration				
GOALS				
Encourage patient/caregiver participation in developing individualized treatment plan. Explore self-management.				
Patient will have acceptable pain management and report a decrease in pain intensity				
Patient will demonstrate healing within a reasonable time frame (greater than 20% healing in 3 weeks)				
Wound is protected from further damage, infection, contamination and periwound skin remains intact				
WOUND TREATMENTS				
Apply compression dressing (do not compress patients with arterial insufficiency, refer to vascular specialty)				
Cleanse wound with potable water and wash lower leg with mild soap				
Clean & pat periwound dry and apply a protective barrier to manage periwound maceration if indicated				
Select dressing to manage moisture, control exudate and avoid maceration of periwound				

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WOUND TREATMENTS				
Non-Exudating Wounds: Apply primary dressing i.e. Acrylic, hydrocolloid, hydrophillic paste, thin foam or hydrogel. Requires cover dressing. **Exudating Wounds:** Primary dressing calcium alginate, gelling fiber (hydrofiber)**.** Apply cover dressing i.e. foam, absorbent				
Manage bioburden with antimicrobial dressing (always use antimicrobial for patients with diabetes): **Exudating wound:** including but not limited to silver calcium alginate, silver hydrofiber, sustained release iodine, gentian violet**,** PHMB. Apply cover dressing i.e. foam or absorbent **Non-exudating wound:** Nanocrystalline silver mesh moistened with water or hydrogel, cadexomer iodine, silver gel. Apply cover dressing i.e. thin foam, hydrocolloid, transparent film				
Manage bleeding in an exudating wound: Ag Calcium Alginate				
Change dressing every 3-7 days depending on type of dressing used and amount of exudate				
If chronic inflammation is suspected, consider protease inhibitor. Consider NSWOC consultation.				
Document variance if deviation from Clinical Pathway				
MEDICATIONS				
Complete medication reconciliation				
Provide analgesics PRN				
Initiate systemic antibiotic/topical therapy as per PCP order				
PAIN				
If dressing changes are painful (procedural) ensure patient takes analgesic before dressing changes				
Use non-pharmacological techniques such as repositioning/elevation, relaxation, rest, time outs				
Assess carefully for signs of infection; pain is an indicator for infection				
Encourage mobility if appropriate				
If patient complains of burning pain consider use of a thin layer of hydrogel onto wound bed				
SELF-MANAGEMENT & EDUCATION				
Teach patient/ family: 1. Pathophysiology of venous disease and leg ulcer development 2. Elevate legs whenever possible to reduce edema 3. Keep active, specifically walking in a heel-toe manner to activate calf muscle 4. Importance of compression and adherence to life-long compression therapy. 5. Check skin and moisturize daily using products with limited sensitizers 6. Do not cross legs, scratch or damage skin 7. Ankle exercises to encourage calf-muscle activation 8. Encourage daily intake to meet recommendations of Canada's Food Guide with focus on regular balanced meals				

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REFERRALS				
PHYSIOTHERAPY: Request consult for Physiotherapist to initiate an effective exercise program that will maximize calf-muscle pump action, mobilization and ambulation techniques, fall prevention if appropriate				
OCCUPATIONAL THERAPY: Request consult for Occupational Therapist to assess positioning and/or transfers to make appropriate device recommendations.				
DIETETICS: Request consult for Dietitian assessment if nutritional status implicates delayed wound healing and/or energy-protein malnutrition and/or identified need for diabetic diet teaching/monitoring				
ENTEROSTOMAL THERAPY: Refer according to wound/ostomy escalation process. Detailed wound assessment and clinical images must be submitted with referral.				
SOCIAL WORK: Request consult for socioeconomic challenges such as: ineffective coping, financial issues, assistance with resources				
DISCHARGE PLANNING				
Provide 'Venous Leg Ulcer Patient Handout' and review appropriate teachings for lifelong compression				
Refer to self-management program if appropriate				