

Leg Ulcer Assessment Tool

Name of Assessor:	.....
Date of Assessment:	.....
Patient Height:	.....
Patient Weight:	.....
BMI:	.....
Duration of ulcer:	.....

Write or attach label	
HCR No:	.....
CHI No:	.....
Surname:	.....
Forename:	.....
Address:	.....
.....
Post code:	.....
Sex:	.....

Past Medical History

Venous	L	R	Arterial	
Varicose veins			Bypass surgery	
Veins surgery			Ischaemic heart disease	
Sclerotherapy			Transient ischaemic attack (TIA)	
Deep vein thrombosis (DVT)			Cerebrovascular accident (CVA)	
Leg fracture			Diabetes	
Leg infection			Hypertension	
Pregnancy	Y	N	Rheumatoid arthritis	
Other			Claudication	
			Rest and or night pain	

Other Contributing Factors	Y	N	Investigations	Y	N	Results
Obese			Urinalysis			
Smoker			BP			
Poor nutrition			Haemoglobin			
Anaemia			Blood glucose			
Reduced ankle movement			CRP			
Previous leg ulcer			Ankle circumference	L	R	
IV drug use			Calf circumference	L	R	
Standing occupation						

Venous	L	R	Arterial	L	R	Ulcer	L	R
Venous dermatitis			Hair loss			Venous		
Ankle flare			Shiny skin			Shallow		
Haemosiderin staining			Poor capillary refill			Irregular edges		
Lipodermatosclerosis			Cold limb			Arterial	L	R
Oedema			Pale on elevation			Deep		
Atrophe blanche			Dependant rubor			Punched out		
Eczema			Trophic nails					

ABPI recording

	Dorsalis Pedis	Posterior Tibial	Brachial	ABPI	Sounds (T,B,M)
Right					
Left					

Please document sounds for every pulse Triphasic (**T**); Biphasic (**B**) or Monophasic (**M**)

Diagnosis

	L	R
Venous		
Arterial		
Other		
Vasculitis, pyoderma gangrenosum or lymphoedema		

If ABPI results are out with the normal parameters, monophasic or absent flow sounds in posterior tibial and/or dorsalis pedis pulses then a referral must be made to the Vascular Surgeons for further investigations.

If wound shows no signs of progression in 12 weeks then it is advised that the patient should have a full assessment repeated, and a referral made to an appropriate service i.e Vascular Surgeon, Dermatology or Lymphoedema.

Address Quality of Life Issues

- Pain
- Odour
- Social isolation
- Bathing issues
- Concordance
- Advise patient/care provider importance of skin care and emollient therapy

It may be that a patient will not concord with treatment due to work commitments and cannot attend appointments for dressing changes. In these instances alternatives such as compression hosiery kits or wraps may be used, as this will allow the patient to self-manage their ulcer with the support and guidance from their health care professional.

This document should be used in conjunction with the NHS Ayrshire and Arran Wound Assessment documentation