

GIPPSLAND REGIONAL LOWER LIMB VASCULAR ASSESSMENT CHART <i>This chart should be completed with the wound assessment on all lower limb wounds in the presence of oedema.</i>	UR: _____ DOB: / / Surname: _____ Given: _____ Residential Address: _____ Locality: _____ Postcode: _____ Phone (home): _____ Mobile: _____
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1. CLINICAL ASSESSMENT FOR CHRONIC VENOUS INSUFFICIENCY AND ARTERIAL DISEASE

PEDAL PULSES (Circle)
Right Dorsalis Pedis – Normal / Bounding / Diminished / Absent **Left Dorsalis Pedis** – Normal / Bounding / Diminished / Absent
Right Posterior Tibial – Normal / Bounding / Diminished / Absent **Left Posterior Tibial** – Normal / Bounding / Diminished / Absent

BUERGERS TEST (Circle) **Right leg** – Positive / Negative **Left leg** – Positive / Negative

ANKLE / TOE BRACHIAL PRESSURE INDEX → Complete ABPI / TBPI Worksheet

ABPI OR TBPI (Circle) Right foot = **ABPI OR TBPI (Circle) Left foot =**

Yes	No	Symptoms of Venous Hypertension	Yes	No	Symptoms of Arterial Disease
<input type="checkbox"/>	<input type="checkbox"/>	History DVT, PE, VV's, Cellulitis, Leg fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	History – Hypertension IHD, PAD, CVA, TIA
<input type="checkbox"/>	<input type="checkbox"/>	Family history of varicose veins or leg ulcers	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatoid arthritis or other auto immune disease
<input type="checkbox"/>	<input type="checkbox"/>	Reduced mobility / calf pump	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Obesity / prolonged standing or sitting	<input type="checkbox"/>	<input type="checkbox"/>	Nicotine (or stopped in last 5 years)

ULCER

Yes	No	Symptoms of Venous Hypertension	Yes	No	Symptoms of Arterial Disease
<input type="checkbox"/>	<input type="checkbox"/>	Large, shallow ulcer with poorly defined edges	<input type="checkbox"/>	<input type="checkbox"/>	Small, deep with "Punched out" edges
<input type="checkbox"/>	<input type="checkbox"/>	Base red granulation +/- slough	<input type="checkbox"/>	<input type="checkbox"/>	Base pale, sloughy and dry
<input type="checkbox"/>	<input type="checkbox"/>	Located on gaiter region	<input type="checkbox"/>	<input type="checkbox"/>	Located below ankle, on foot and / or toes
<input type="checkbox"/>	<input type="checkbox"/>	Heavy exudate	<input type="checkbox"/>	<input type="checkbox"/>	Minimal exudate unless infected

ASSOCIATED SYMPTOMS

R		L		ASSOCIATED SYMPTOMS	R		L		ASSOCIATED SYMPTOMS
Yes	No	Yes	No		Yes	No	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Normal capillary refilling time (< 3 seconds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor capillary refilling time (> 3 seconds)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warm limb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cool, Shiny dry, Hairless skin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oedema / inverted champagne shape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oedema absent, or when limbs dependant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heavy aching legs, relieved by elevation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intermittent claudication or rest pain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Venous Eczema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pain worse if legs elevated & relieved when dependent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lipodermatosclerosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss of subcutaneous tissue / muscle wasting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Haemosiderin staining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foot dusky / pale
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Atrophie blanche					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ankle flare					

2. CLINICAL ASSESSMENT FOR DIABETES

PERIPHERAL SENSORY NEUROPATHY TEST PERFORMED: 10g Monofilament **OR** Ipswich Touch Test
Sensory protection intact Yes No

FOOT DEFORMITY No Yes → Claw toes; Raised arch; Shortened Achilles tendon (circle); other: (List.....)

3. CLINICAL ASSESSMENT FOR LYMPHOEDEMA

STEMMERS TEST FOR LYMPHOEDEMA (Circle) - **Right leg** – Positive / Negative **Left leg** – Positive / Negative

Signature: _____ **Date:** _____ ➔ **COMPLETE ACTION PLAN OVERLEAF**

LOWER LIMB VASCULAR ASSESSMENT CHART

<h1>ACTION PLAN</h1> <p>Following completion of Lower Limb Vascular Assessment chart overleaf</p>	UR:	DOB: / /
	Surname:	Given:
	Residential Address:	
	Locality:	Postcode:
	Phone (home):	Mobile:

1. ASSESSMENT OF CHRONIC VENOUS INSUFFICIENCY & PERIPHERAL ARTERIAL DISEASE DISEASE

Symptoms of Chronic Venous Insufficiency AND / OR ABPI between 0.8 – 1.2 and/or TBPI above 0.7

Yes → compression therapy at _____ mmHg

No → **Symptoms of Peripheral Arterial Disease AND / OR**

ABPI <0.8 or >1.2 or TBPI below 0.7 →

Beurgers test positive – *To perform the Beurgers test, position the client supine. Elevate the wounded leg for 2 minutes. This may cause pain. Note the angle the limb develops pallor. Below 20° is indicative of PAD. When the leg is lowered a reactive hyperaemia (redness) appears on the lower leg.*

Absent or diminished pedal pulses

Refer to:

General Practitioner for vascular referral
 Name: _____ Date: _____

Wound Clinical Nurse Consultant
 Name: _____ Date: _____

2. ASSESSMENT FOR DIABETES

<p>Peripheral Sensory Neuropathy</p> <p><input type="checkbox"/> No – No treatment required</p> <p><input type="checkbox"/> Yes → Refer</p> <p>Foot Deformity</p> <p><input type="checkbox"/> No – No treatment required</p> <p><input type="checkbox"/> Yes → Refer</p>	<p>Refer to:</p> <p><input type="checkbox"/> Diabetic Nurse Educator Name: _____ Date: _____</p> <p><input type="checkbox"/> Podiatrist Name: _____ Date: _____</p> <p><input type="checkbox"/> High Risk Foot Service Name: _____ Date: _____</p>
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3. ASSESSMENT FOR LYMPHOEDEMA

<p>Stemmers test positive - <i>To perform, pinch and lift a skinfold at the base of the second toe or middle finger. If you can pinch and lift the skin, the Stemmer's sign is Negative for lymphoedema.</i></p> <p><input type="checkbox"/> No – No treatment required</p> <p><input type="checkbox"/> Yes → Refer</p>	<p>Refer to:</p> <p><input type="checkbox"/> Wound Clinical Nurse Consultant Name: _____ Date: _____</p> <p><input type="checkbox"/> Lymphoedema Therapist Name: _____ Date: _____</p>
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NURSE SIGNATURE, DESIGNATION AND DATE

	Date / /
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