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 =
- Left foot =

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Symptoms of Venous Hypertension**
- History DVT, PE, VV’s, Cellulitis, Leg fracture(s)
- Family history of varicose veins or leg ulcers
- Reduced mobility / calf pump
- Obesity / prolonged standing or sitting

**Symptoms of Arterial Disease**
- History – Hypertension IHD, PAD, CVA, TIA
- Rheumatoid arthritis or other auto immune disease
- Diabetes
- Nicotine (or stopped in last 5 years)

**ULCER**
- Large, shallow ulcer with poorly defined edges
- Base red granulation +/- slough
- Located on gaiter region
- Heavy exudate

**Associated Symptoms**
- Normal capillary refilling time (< 3 seconds)
- Warm limb
- Oedema / inverted champagne shape
- Heavy aching legs, relieved by elevation
- Venous Eczema
- Lipodermatosclerosis
- Haemosiderin staining
- Atrophie blanche
- 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
## ACTION PLAN
Following completion of Lower Limb Vascular Assessment chart overleaf

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>UR:</td>
<td></td>
</tr>
<tr>
<td>DOB:</td>
<td>/ /</td>
</tr>
<tr>
<td>Surname:</td>
<td></td>
</tr>
<tr>
<td>Given:</td>
<td></td>
</tr>
<tr>
<td>Residential Address:</td>
<td></td>
</tr>
<tr>
<td>Locality:</td>
<td></td>
</tr>
<tr>
<td>Postcode:</td>
<td></td>
</tr>
<tr>
<td>Phone (home):</td>
<td></td>
</tr>
<tr>
<td>Mobile:</td>
<td></td>
</tr>
</tbody>
</table>

### 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

**Peripheral Sensory Neuropathy**

- No – No treatment required
- Yes ➔ Refer

**Foot Deformity**

- No – No treatment required
- Yes ➔ Refer

**Refer to:**

- Diabetic Nurse Educator
  - Name:_________________________ Date:________
- Podiatrist
  - Name:_________________________ Date:________
- High Risk Foot Service
  - Name:_________________________ Date:________

### 3. ASSESSMENT FOR LYMPHOEDEMA

**Stemmers test positive** — 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.

- No – No treatment required
- Yes ➔ Refer

**Refer to:**

- Wound Clinical Nurse Consultant
  - Name:_________________________ Date:________
- Lymphoedema Therapist
  - Name:_________________________ Date:________

### NURSE SIGNATURE, DESIGNATION AND DATE

Date / /