Ankle Brachial Pressure Indices (DOPPLER)

SYSTOLIC PRESSURE	LEFT	Tri, bi or mono phasic	RIGHT	Tri, bi or mono phasic
Brachial				
Dorsalis Pedis				
Posterior Tibial				
Other-				
ABPI				

Patient position for ABPI: _____

_____

_____

_____

Probe size used: _____

Cuff size: _____

General Comments

_____

_____

_____

_____

_____

PROVISIONAL ULCER AETIOLOGY (DIAGNOSIS)

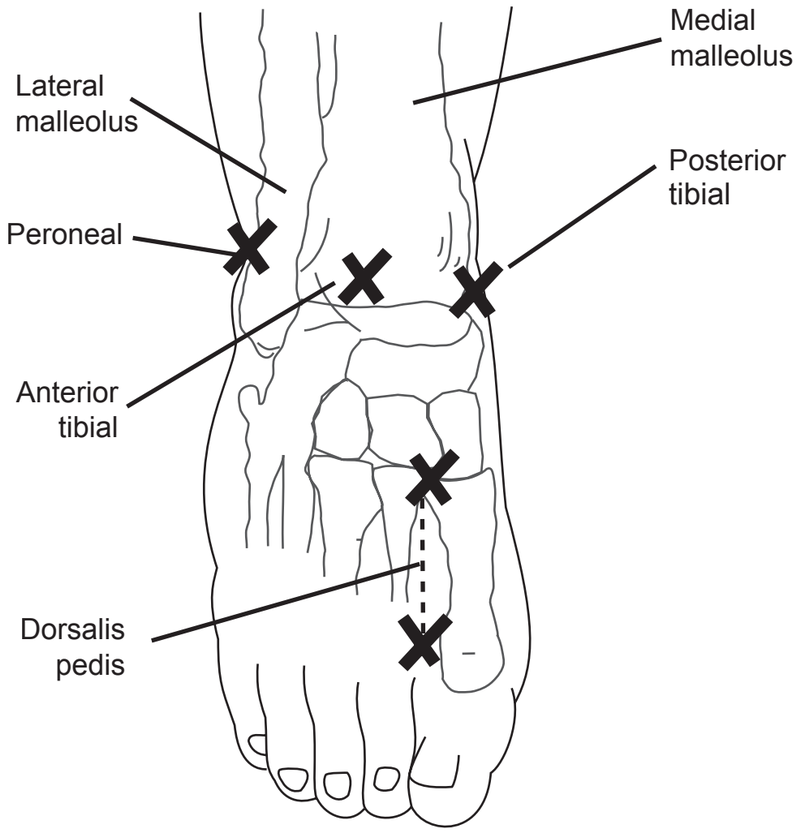
Venous ☐ _____

Arterial ☐ _____

Mixed ☐ _____

Other ☐ _____

Positions of the Pedal Pulses



Leg Ulcer Assessment

Oxford Health NHS
NHS Foundation Trust

Patient Name: _____

DOB: _____

GP: _____ Assessment Date: _____

NHS No: _____ Has the patient consented to treat? Yes No

Assessor: _____ Clinicians Signature: _____

Designation: _____

Predisposing Factors	**LEG**	
Venous	**Left**	**Right**
DVT	☐	☐
Thrombophlebitis	☐	☐
Venous Surgery	☐	☐

State which, (i.e sclerotherapy)

_____

Arterial	**Yes**	**No**
Vascular surgery	☐	☐

State what:

_____

Intermittent claudication	☐	☐
Hypertension	☐	☐
Heart disease/TIA/Angina/MI	☐	☐
CVA	☐	☐
Peripheral vascular disease	☐	☐

Other	**Yes**	**No**
Rheumatoid conditions	☐	☐

State what:

_____

Diabetes Mellitus:	☐	☐

Type: _____

Date of onset: _____

Known increased risk conditions i.e. Lupus, ulcerative colitis, etc.	☐	☐

State what:

_____

Perpetuating Factors	**Yes**	**No**
Reduced mobility	☐	☐
Fixed ankle joints	☐	☐
Poor gait	☐	☐
Tobacco/substance misuse	☐	☐

State what and amount:

_____

Sleep pattern: Hours per night

_____

Sleep location: bed/chair/settee

_____

Leg elevation when sitting	Yes	No

MUST score_____

Hydration:	Good	Poor

Presenting Factors	**LEG**	
Venous	**Left**	**Right**
Varicose veins	☐	☐
Black/brown- (Haemosiderin) staining	☐	☐
Ankle flare	☐	☐
Eczema (varicose)	☐	☐
Hyperkeratosis	☐	☐
Atrophie blanche	☐	☐
Induration (Hardness)	☐	☐

Arterial	**Left**	**Right**
Thin, shiny, hairless skin	☐	☐
Cold/cool pale leg	☐	☐
Dusky pink when dependent	☐	☐
Pale on elevation	☐	☐
Loss of sensation- (neuropathic changes)	☐	☐
General		
Oedema	☐	☐
Palpable foot pulses felt	☐	☐

Baseline Measurements

Blood pressure: _____

Haemoglobin/FBC: _____

Blood glucose: _____

Urinalysis: _____

Height: _____

Weight/BMI: _____

Limb Dimensions (cm)	**Left**	**Right**
Ankle:	_____	
Calf:	_____	
Thigh: (if above knee oedema)	_____	

Pain Assessment

Pain free ☐

Identify areas of pain (i.e specific to wound):

_____

_____

_____

_____

Level of pain experienced

Pain Scale

Describe the pain:

Nociceptive		**Neuropathic**	
Throbbing	☐	Sharp	☐
Dull	☐	Stinging	☐
Aching	☐	Stabbing	☐
Nagging	☐	Pins & Needles	☐
Annoying	☐	Burning	☐
Sore	☐	Shooting	☐

Other:_____

_____

Frequency: (tick all relevant)

On exercise ☐ Dressing change ☐

On elevation ☐ On dependency ☐

Other: (state what)

_____

What makes pain worse:

_____

Analgesia used: Yes No

Is it effective Yes No

(If no, reassess pain control / dressing choice)

Pain Medication

_____

_____

_____

_____

Other Medication relevant to assessment/ wound healing (i.e Steroids, Warfarin)

_____

_____

_____

_____

Allergies/Sensitivities (if known)

_____

_____

_____

_____

Continue on separate sheet if required.

Ulcer History

Date of 1st ever ulceration (either leg)

_____

Left _____

Right_____

Approx. length of time to heal:

_____

Current Ulcer/s:

Is this a recurrence: Yes No

Approximate date of occurrence

_____

Is the current ulcer deteriorating / static / improving (circle one)

How did current ulcer occur (i.e trauma or gradual breakdown): _____

_____

_____

_____

How does your ulcer affect your life?:

_____

_____

_____

_____

Patient's understanding of condition:

_____

_____

_____

_____

Current treatments used: dressing and compression bandages

_____

_____

_____

_____

Previous treatments: _____

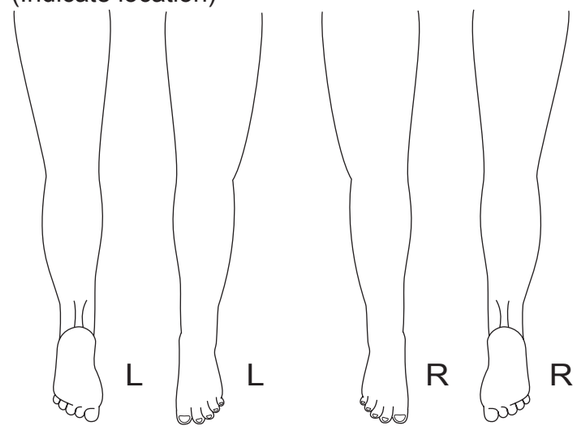
_____

_____

_____

_____

Ulcer Baseline Measurements
(Indicate location)



Size in cm^2 (if more than 5 record in nursing notes)

Ulcer 1 ☐

Ulcer 2 ☐

Ulcer 3 ☐

Ulcer 4 ☐

Ulcer 5 ☐

Exudate: Low ☐ Mod ☐ High ☐

Odour: Yes No

Status of wound bed: (i.e granulating, sloughy etc) _____

_____

_____

Condition of surrounding skin: (i.e eczematous, macerated, healthy etc) _____

_____

_____

Clinical infection present? (Cellulitis) ☐

(Systemic antibiotics commenced) ☐

Critically colonized (local infection) ☐

Topical antimicrobials commenced ☐

if yes to either, state reasons _____

_____

_____

Wound swab sent? Y/N date:_____

Wound Traced ☐ Photographed ☐