|  |  |  |  |
| --- | --- | --- | --- |
| **Pathway allocation (please tick)** | | | |
| Standard |  | Complex |  |

|  |  |  |
| --- | --- | --- |
| **Location of ulcer/s (please tick)** | **Left leg** | **Right leg** |
| Medial |  |  |
| Lateral |  |  |
| Malleolus |  |  |
| Circumferential |  |  |
| Other (please state) |  |  |

|  |  |  |
| --- | --- | --- |
| **Risk factors that may affect wound healing (Please tick)**  These must be included in the overall management plan | | |
| Pain |  | Complete a pain management care plan |
| Poor nutrition |  | Update MUST and complete a malnutrition care plan |
| Immobility |  | Complete section below |
| Non Concordance |  | Complete risk assessment and management form |
| Psychological, emotional and social concerns |  | Complete section below |

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| **Overall treatment outcome** | To complete healing within 24 weeks | |
| **6 week treatment outcome** | To reduce the wound area by 40% | |
| **Immediate/ short term outcome**  This could be a priority outcome such as pain reduction or it could be a preferred outcome of the patient. | Outcome | To be achieved by (date) |
|  |  |

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| Care plan discussed and agreed with patient | | | | | |
| Print name |  | Signature |  | Date |  |

Leg ulcer management plan – **Skin Care**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Treatment aim** | **Tick if applicable** | **Instructions** | **Start date** | **Actual stop date** |
| To cleanse leg/ remove wound debris | **√** | Wash leg in a bowl/ bucket of warm tap water using an emollient as a soap substitute (Apply to hands prior to washing limb). ‘Sweep’ over the wound to remove debris but do not rub the wound bed with gauze. |  |  |
| Removal of hyper-keratosis |  | Apply an emollient ointment to the skin after washing to soften the plaques.  Use a flannel/ cloth when washing the limb to encourage plaque removal  Manual removal with forceps may be required (Be careful with fragile skin). |  |  |
| Emollient ointment of choice: |
| To rehydrate/ improve skin health | **√** | Apply a leave on emollient to the limb after washing. Apply in a downwards motion and gently up to the wound edges. |  |  |
| Emollient of choice: |
| To protect peri wound skin |  | **ONLY IF PERI – WOUND SKIN HAS BEEN ASSESSED AS AT RISK. Review weekly.**  Apply Medi Derma S barrier film using 1ml foam applicator. Allow to dry for approx. 1 minute before dressing |  |  |
|  |  |
| To treat varicose eczema or excoriation secondary to unmanaged exudate |  | Please complete varicose eczema/excoriated skin care plan below. **It is recommended that tissue viability be contacted for advice prior to commencing this treatment.** |  |  |

|  |  |  |  |  |  |  |
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| **Varicose eczema/ excoriated skin care plan** | | | | | | |
| **Treatment** | | **Instructions for use** | **Start date** | | | **Actual stop date** |
| Potassium permanganate soak (Refer to clinical guideline) | | **At each dressing change up to a maximum of 2 weeks**. After diluting in warm tap water, soak leg for 10 minutes. |  | | |  |
| Dermovate ointment (Clobetasol propionate 0.05%) | | **For 2 weeks only:** At each dressing change apply to all affected areas using 4 fingertip units for a limb below the knee |  | | |  |
| **AFTER 2 WEEKS** | | | | | | |
| Elocon ointment 0.1% (Mometasone) | For 2 weeks only: At each dressing change apply to all affected areas using 4 fingertip units for a limb below the knee | | |  |  | |

Venous leg ulcer management plan - **Wound Care (1 – 6 weeks)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Treatment objective** | **Tick if applicable** | **Actions** | **Start date** | **Actual stop date** |
| Debridement -  Use for 2 weeks and review |  |  |  |  |
| Review date: |
| Infection management – Use for 2 weeks and review |  |  |  |  |
| Review date: |
| Wound Protection / Progression |  |  |  |  |
| Exudate management |  | Zetuvit E |  |  |
| Size: |
|  | Zetuvit Plus |  |  |
| Size: |
|  | Sorbion |  |  |
| Size: |

|  |  |
| --- | --- |
| **At the end of 6 weeks:** | |
| **Reassessment date** |  |
| **New surface area** |  |
| **Percentage reduction** |  |
| **Print name** |  |
| **Signature** |  |
| **If healed in the past 6 weeks, enter healed date on the Case load review tool and put in place a leg ulcer recurrence care plan which should include a Doppler review date.** | |

Venous leg ulcer management plan - **Wound Care (7 – 12 weeks)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Treatment objective** | **Tick if applicable** | **Actions** | **Start date** | **Actual stop date** |
| Debridement -  Use for 2 weeks and review |  |  |  |  |
| Review date: |
| Infection management – Use for 2 weeks and review |  |  |  |  |
| Review date: |
| Wound Protection / Progression |  |  |  |  |
| Exudate management |  | Zetuvit E |  |  |
| Size: |
|  | Zetuvit Plus |  |  |
| Size: |
|  | Sorbion |  |  |
| Size: |

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| --- | --- |
| **At the end of 6 weeks:** | |
| **Reassessment date** |  |
| **New surface area** |  |
| **Percentage reduction** |  |
| **Print name** |  |
| **Signature** |  |
| **If healed in the past 6 weeks, enter healed date on the Case load review tool and put in place a leg ulcer recurrence care plan which should include a Doppler review date.** | |

Venous leg ulcer management plan - **Wound Care (13 – 18 weeks)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Treatment objective** | **Tick if applicable** | **Actions** | **Start date** | **Actual stop date** |
| Debridement -  Use for 2 weeks and review |  |  |  |  |
| Review date: |
| Infection management – Use for 2 weeks and review |  |  |  |  |
| Review date: |
| Wound Protection / Progression |  |  |  |  |
| Exudate management |  | Zetuvit E |  |  |
| Size: |
|  | Zetuvit Plus |  |  |
| Size: |
|  | Sorbion |  |  |
| Size: |

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| --- | --- |
| **At the end of 6 weeks:** | |
| **Reassessment date** |  |
| **New surface area** |  |
| **Percentage reduction** |  |
| **Print name** |  |
| **Signature** |  |
| **If healed in the past 6 weeks, enter healed date on the Case load review tool and put in place a leg ulcer recurrence care plan which should include a Doppler review date.** | |

Venous leg ulcer management plan - **Wound Care (19 – 24 weeks)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Treatment objective** | **Tick if applicable** | **Actions** | **Start date** | **Actual stop date** |
| Debridement -  Use for 2 weeks and review |  |  |  |  |
| Review date: |
| Infection management – Use for 2 weeks and review |  |  |  |  |
| Review date: |
| Wound Protection / Progression |  |  |  |  |
| Exudate management |  | Zetuvit E |  |  |
| Size: |
|  | Zetuvit Plus |  |  |
| Size: |
|  | Sorbion |  |  |
| Size: |

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| --- | --- |
| **At the end of 6 weeks:** | |
| **Reassessment date** |  |
| **New surface area** |  |
| **Percentage reduction** |  |
| **Print name** |  |
| **Signature** |  |
| **If healed in the past 6 weeks, enter healed date on the Case load review tool and put in place a leg ulcer recurrence care plan which should include a Doppler review date.** | |

Venous leg ulcer management care plan – **Compression therapy**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Compression system and size** | | **Tick if applicable** | **Application technique** | **Specific instructions for this patient** |
| **Comfinette** (Only if indicated Please tick) | |  | Only to be used if patient has a known sensitivity to wool padding. |  |
| **56** |  |
| **78** |  |
| **K Soft wool** | |  | Use to reshape and protect bony prominences. Don’t over pad as this may cause slippage and reduces the compression exerted. |  |
| **K Two (18 – 25cm)** | |  | Apply both layers from the base of the toes with a figure of 8 around the ankle then a spiral technique up to the knee with enough stretch to turn rugby balls in to footballs (This will be a 50% overlap) |  |
| **K Two (25 – 32)** | |  | Apply both layers from the base of the toes with a figure of 8 around the ankle then a spiral technique up to the knee with enough stretch to turn rugby balls in to footballs (This will be a 2/3rds overlap) |  |
| **Actico 10cm Single layer** | |  | Apply from the base of the toes and a figure of 8 around the ankle then a 50% overlap at full stretch by applying the lock and roll technique up the lower leg finishing two fingers below the knee under the popliteal space. |  |
| **Actico 10cm Double layer** (If ankle circumference is greater than 25cm | |  | **Apply** in the opposite direction beginning from above the malleolus in two turns with slight stretch, continuing with a 50% overlap at, full stretch applying the lock and roll technique, finishing 2 fingers below the knee. |  |
| **Leg ulcer hosiery kit** | |  |  |  |
| **Other** | |  |  |  |

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| Venous leg ulcer management care plan - **Mobility/ leg exercises** |

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| **Document specific advice given or the plan agreed with the patient** | **Date** | **Signature** |
| **Calf pump/ foot exercises** |  |  |
| **Leg elevation/ sleeping in bed** |  |  |
| **Mobility** |  |  |

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| Venous leg ulcer management pathway care plan – **Psychological, emotional and social concerns** |

|  |  |  |
| --- | --- | --- |
| **Document specific advice given or the plan agreed with the patient** | **Date** | **Signature** |
| Concern: |  |  |
|  |
| Concern: |  |  |
|  |
| Concern: |  |  |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Print name |  | Signature |  | Date |  |