

Saskatchewan Lower Extremity Wound Pathway TREATMENT PROTOCOL FOR NEUROPATHIC & DIABETIC FOOT ULCER (DFU)	PATIENT INFORMATION: Name: Date:
Initiate Wound Record **Patients with diabetic wounds must be referred to a vascular surgeon.** <input type="checkbox"/> Photograph wound and file as per regional policy <input type="checkbox"/> Initiate wound record (use NISS form # WR-145.0)	
Laboratory **Swab is not routinely required. Inform primary care provider if a swab is sent in his/her name.** <input type="checkbox"/> Swab C+S: date: _____	
Wound Management ** See formulary for specific product selection.** <input type="checkbox"/> <u>Cleanse and moisturize</u> peri-wound and intact skin lower limb/feet/foot <input type="checkbox"/> <u>Cleanse wound</u> with normal saline or sterile water (at least room temperature) using wound irrigation bottle <input type="checkbox"/> <u>Gently remove loose debris/yellow slough/crusting</u> with gauze <input type="checkbox"/> <u>Protect peri-wound skin from moisture damage</u> , use skin sealant or barrier <input type="checkbox"/> <u>Identify infection or suspected infection</u> (note guidelines on assessment form) **Contact primary care provider or wound clinician nurse immediately if signs of infection: do not underestimate severity of infection in diabetic foot.** <input type="checkbox"/> For a high risk or infected ulcer apply an antimicrobial contact dressing: _____ <input type="checkbox"/> For a non-infected ulcer apply dressing - alginate for moderate to large drainage: _____ <input type="checkbox"/> <u>Apply a non occlusive absorbent cover dressing</u> and secure with tape or conforming bandage, if required: _____ <input type="checkbox"/> <u>Apply compression to manage edema</u> : _____ **If ABI is < 0.7 or >1.3 do not compress unless ordered by specialist – see guidelines on assessment form.** <input type="checkbox"/> <u>Arrange regular debridement/callus management</u> by regional wound team _____ <input type="checkbox"/> <u>Arrange assessment for pressure offloading</u> by regional wound team _____ <input type="checkbox"/> <u>Adjust dressing change frequency</u> according to risk of infection and amount of drainage. Frequency: 3 times/week or _____ <input type="checkbox"/> Reassess the wound at every dressing change and do a full wound reassessment weekly. At weekly reassessment take wound measurements and update wound record. ** Contact wound clinician nurse if wound area (L x W) is not reduced 50% within 4 weeks.**	
Counseling provided <input type="checkbox"/> Confirm patient agrees with care plan _____ <input type="checkbox"/> Instructions for management/treatment and/or follow-up _____ <input type="checkbox"/> Risk factor reduction _____ <input type="checkbox"/> Address client concerns _____ <input type="checkbox"/> Patient/family/caregiver education _____ <input type="checkbox"/> Other _____	

