

Saskatchewan Lower Extremity Wound Pathway
TREATMENT PROTOCOL FOR VENOUS STASIS ULCERS

Initiate Wound Record

**** Contact physician/NP if urgent specialist referral is indicated. ****

- Photograph wound and file as per regional policy
- Initiate wound record

CLIENT INFORMATION:

Name:

Date:

Laboratory

Follow Home Care policy for sending a wound swab for C & S and inform most responsible practitioner if a lab test is sent in client's name and why. Swab C&S: date:

Wound Management

**** See formulary for current Health Pro product selection****

**** Consult wound clinician nurse if concerns arise related to client comorbidities, atypical presentation, or dermatitis.****

- Cleanse and moisturize peri-wound and intact skin lower limb/foot
- Cleanse wound with 60-100mls of normal saline or alternative at the appropriate psi (4-15) at least room temperature
- Gently remove loose debris/yellow slough/crusting with gauze
- Protect peri-wound skin from exudate, use skin sealant or barrier: _____
- Identify infection or suspected infection (see LEW assessment form for localized and spreading infection guidelines)
- Apply an antimicrobial contact layer if indicated (refer to formulary or contact wound specialist nurse for advice on product selection): _____
- Apply an absorbent dressing to manage drainage and maintain moisture balance: _____
- Apply an absorbent cover dressing, if necessary, to manage excess exudate: _____
- Confirm ABPI/TBPI score before application of compression: Right _____ Left: _____

**** If ABPI is greater than or equal to 0.5 and less than 0.8, nurses with advanced education (SK Polytechnic CE 4021 or equivalent) may initiate compression if appropriate. Other nurses contact most responsible provider for orders.****

**** If ABPI is less than 0.5 or greater than 1.3 consult most responsible provider. Note: ABPI is only part of a broader assessment; when in doubt defer to clinical judgment of referring provider, and request written order.****

- Apply modified compression bandaging (0.5-0.79): _____ Right leg Left leg Bilateral
- Apply high compression bandaging (0.8-1.3): _____ Right leg Left leg Bilateral

**** Always apply modified compression if client has altered cognition or loss of protective sensation.****

**** Compression may be modified initially and gradually increased based on client comfort/tolerance. ****

**** Risk for pressure injury is always present. Plan for timely reassessment after initiating compression.****

- Initiate dressing change at 2x per week and adjust frequency as appropriate. Frequency: _____
- Reassess the wound and follow up regarding compression tolerance at every dressing change. Complete a full wound reassessment weekly, including wound measurements, and update wound record.

**** Use wound record to monitor change in wound depth and surface area, and contact wound clinician nurse for advice/reassessment if required. (Target 30% reduction in surface area within 4 weeks.)****

- When the wound is closed, arrange for transition to compression hosiery. Refer client to certified fitter and continue wrapping leg until garments are available.
- Arrange for follow up by primary care provider.

Counseling provided

Establish wound care goals with client: _____

Provide client/caregiver with instructions for care & management: _____

Educate client/family/caregiver about compression, exercise & limb elevation. Explain warning signs and how to remove compression wrapping if necessary. _____

Address client concerns: _____

Other: _____

CLIENT INFORMATION:

Name: _____

Date: _____

Date **Coordination of care (arrange consults if physician/NP has not already done so)**

Compression garment/ hosiery (with prescription from physician/NP):

Non-insured Health Benefits (NIHB) coverage:

Send eligible First Nations clients to NIHB-approved vendor. Advise client to call ahead to confirm availability of fitter.

SAIL coverage

(2 pairs every 6 months):

Measurements must be taken by certified fitter. Garment must be ordered by Wound nurse (IIWCC or ET), OT/PT, or Diabetes educator (as per regional resources)

Private insurance coverage:

Many local pharmacies and medical supply stores have certified fitters and medical-grade compression garments in stock. Advise client to call ahead to confirm. Reimbursement may vary according to benefits plan.

Pain Management: GP/NP other

Client concerns: Dietitian Social Work Live Well with Chronic Disease

Vascular disease (specialist): via Primary care provider

Risk factor reduction:

Other:

Individualized care plan

Signature: _____

Date: _____

Communications

Provide summary of assessment and recommended treatment to referring Physician/ NP. Use LEW Pathway form "Communication with Referring Physician/NP." Attach lower leg assessment form if appropriate.

Date/Time	Treatment Change & Progress Note	CLIENT INFORMATION:
		Name:
		Date: