Saskatchewan Lower Extremity Wound Pathway

TREATMENT PROTOCOL FOR VENOUS STASIS ULCERS

PATIENT INFORMATION:

Name:

Date:

Initiate Wound Record

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

☐ Photograph wound and file as per regional policy

☐ Initiate wound record (use NISS form # WR-145.0)

Laboratory

****Swab is not normally required, but inform primary care provider if a lab test is sent in his/her name.****

☐ Swab C+S: date: _____

Wound Management

**** See formulary for specific product selection.****

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

☐ Cleanse and moisturize peri-wound and intact skin lower limb/foot

☐ Cleanse wound with normal saline or sterile water (at least room temperature) using wound irrigation bottle

☐ Gently remove loose debris/yellow slough/crusting with gauze

☐ Protect peri-wound skin from moisture, use skin sealant or barrier: _____

☐ Identify infection or suspected infection (note guidelines on assessment form)

☐ Apply an alginate dressing for moderate to large drainage, or hydrofibre for scant to small amounts of drainage to maintain moisture balance: _____

☐ Apply an absorbent cover dressing, if necessary, to manage excess exudate and secure with conforming bandage: _____

**** Consult wound clinician nurse if dermatitis is present and causes dry or weepy inflamed red, itchy skin.****

☐ Confirm ABPI/TBI score before application of compression: Right _____ Left: _____

****If ABI is < 0.7 or >1.3 do not compress unless ordered by specialist – see guidelines on assessment form.****

☐ Apply compression bandaging. Compression may be modified and gradually increased based on patient comfort/tolerance: _____ ☐ Right leg ☐ Left leg ☐ Bilateral legs

☐ Adjust dressing change frequency according to client tolerance and the amount of wound drainage: Change 2 times/week or _____

☐ Reassess the wound and follow up regarding compression tolerance at every dressing change and do a full wound reassessment weekly. At weekly reassessment take wound measurements and update wound record.

☐ When the wound is closed transition to compression hosiery. Arrange for follow up by primary care provider.

**** Contact wound clinician nurse if wound area (L x W) is not reduced 50% within 4 weeks.****

Counseling provided

☐ Confirm patient agrees with care plan _____

☐ Educate patient about compression, exercise & limb elevation_____

☐ Risk factor reduction _____

☐ Address client concerns _____

☐ Patient/family/caregiver education _____

☐ Other

Date	Coordination of care (arrange consults if physician/NP has not already done so)
	Compression garment/hosiery (replace every six months): ☐ wound clinician nurse ☐ OT/PT SAIL and NIHB cover compression garments if ordered by qualified providers.
	Pain Management: ☐ GP/NP ☐ other
	Client concerns: ☐ Dietitian ☐ Social Work ☐ Live Well with Chronic Disease
	Vascular disease (specialist): via ☐ Primary care provider
	Other:

Individualized care plan
Signature: Date:

Date/Time	Treatment Change & Wound Progress Note