

# LOWER EXTREMITY ULCER ASSESSMENT FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Subjective:

**Demographics:** Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

### Current Conditions:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

CHF  Stroke  Heart Attack Lung disease: \_\_\_\_\_  
 Obesity  Thyroid  Diabetes: \_\_\_# yrs; insulin dependent: \_\_\_ Oral \_\_\_

Recent Hospitalization:  No Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Previous Serious Illness/Surgery:  No Date: \_\_\_\_\_

Describe: \_\_\_\_\_

**Orthopaedic:**  Severe Leg Trauma \_\_\_\_\_  DVT  Arthritis \_\_\_\_\_

**Medications:**  steroid  anti-inflamm  anti-coagulative  antibiotics

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. \_\_\_\_\_ 6. \_\_\_\_\_

**Allergies Describe:** \_\_\_\_\_

**Lab Tests** HbA1C: \_\_\_\_\_ Date: \_\_\_\_\_ Anemia: \_\_\_\_\_ Date: \_\_\_\_\_

Albumin/Prealbumin: \_\_\_\_\_ Date: \_\_\_\_\_ Other: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_ Other: \_\_\_\_\_

Body Weight \_\_\_\_\_ Height \_\_\_\_\_ BMI (wt/ht<sup>2</sup>): \_\_\_\_\_ Recent gain/loss: \_\_\_\_\_ lb \_\_\_ wks

Barriers to Eating: \_\_\_\_\_

Vitamins: \_\_\_\_\_ Protein supplementation: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Psychosocial Issues:** \_\_\_\_\_

Smoking:  presently  past quit: \_\_\_\_\_ # pack yrs. \_\_\_\_\_

Support: \_\_\_\_\_

Funding: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hobbies/Activities: \_\_\_\_\_

Stress: \_\_\_\_\_

Sleep Disturb: \_\_\_\_\_ Night Pain: \_\_\_ Nocturia: \_\_\_

Quality of Life: Delighted – Terrible (0-10): \_\_\_\_\_

Have you had to change your lifestyle as a result of this ulcer? \_\_\_\_\_

Do you feel that you no longer able to do the things you would like to do? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pain:**

Location: \_\_\_\_\_ Type: \_\_\_\_\_ VAS: \_\_\_\_\_ ↑ \_\_\_\_\_ ↓ \_\_\_\_\_

Location: \_\_\_\_\_ Type: \_\_\_\_\_ VAS: \_\_\_\_\_ ↑ \_\_\_\_\_ ↓ \_\_\_\_\_

Claudication:  At Rest  Walking After walking distance: \_\_\_\_\_ ft.

**Mobility/Activity**

Approximate Number Hours per day spent: \_\_\_\_\_ Sitting \_\_\_\_\_ Standing \_\_\_\_\_ Lying

Assistance/Gait Aid: \_\_\_\_\_

Foot Wear: \_\_\_\_\_

Foot/Nail Care: \_\_\_\_\_

Blood Glucose Monitoring: \_\_\_\_\_

# Observations

Amount of Walking: \_\_\_\_\_

Gait: \_\_\_\_\_

AFFECTED ANKLE LEFT OR RIGHT

Ankle DFL: ROM: \_\_\_\_\_ Strength: \_\_\_\_\_

Ankle PFL: ROM: \_\_\_\_\_ Strength: \_\_\_\_\_

Ankle Calf muscle Pump: \_\_\_\_\_

## Venous

Varicosities

Hemosiderin

Dermatitis

Purple Discolouration

Fibrosis

Lipodermatosclerosis

## Arterial

Pale

Dryness

Hair growth

Thick Nails

Dependent Rubor

Cold

## Neuropathic

Hammer toes

Foot Deformity

Hyperkeratosis

Cracks/dryness

Muscle wasting

_____	_____	_____
_____	_____	_____
_____	_____	_____

## Edema/Girth/Temp

	Left	Edema	Temp	Right	Edema	Temp
Foot	_____cm	_____	_____	_____cm	_____	_____
Malleolus	_____cm	_____	_____	_____cm	_____	_____
Base Calf	_____cm	_____	_____	_____cm	_____	_____
Full Calf	_____cm	_____	_____	_____cm	_____	_____
_____	_____cm	_____	_____	_____cm	_____	_____

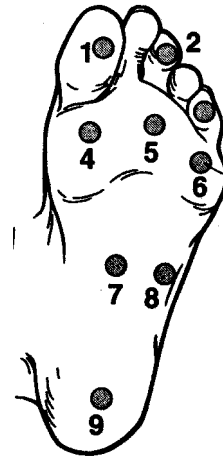
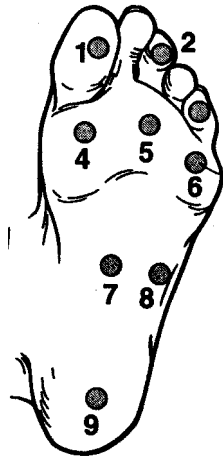
Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Sensation: Monofilament**

Left: \_\_\_\_\_ / 10

Right: \_\_\_\_\_ / 10



**ABI or TBI:**

Digital  Dorsal Pedal  Post Tibial

Digital  Dorsal Pedal  Post Tibial

Left: \_\_\_\_\_ / \_\_\_\_\_ = \_\_\_\_\_

Right: \_\_\_\_\_ / \_\_\_\_\_ = \_\_\_\_\_

Other Vascular Tests: \_\_\_\_\_

Follow up consult with Vascular recommended:  Yes  No

**Pulses**

Manual Y/N  Mono  Biphasic  Triphasic

Manual Y / N  Mono  Biphasic  Triphasic

Vitals: Pulse; \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ Temp: \_\_\_\_\_

**OTHER OBJECTIVE TESTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Wound History

History of Ulcers: \_\_\_\_\_  
\_\_\_\_\_

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Location: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Description of Onset: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Treatments: (VAC, Specialized dressings, skin grafts) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Dressing Protocol: Since: \_\_\_\_\_ (date last reviewed by wound care specialist)

Cleansing: \_\_\_\_\_

Packing: \_\_\_\_\_

Exudate management: \_\_\_\_\_

Cover: \_\_\_\_\_

Secure: \_\_\_\_\_

Skin Prep: \_\_\_\_\_

Moisturizer: \_\_\_\_\_

Frequency of Dressing Changes: \_\_\_\_\_

Changed by: \_\_\_\_\_

*Directed by* \_\_\_\_\_

Issues: \_\_\_\_\_  
\_\_\_\_\_

*Allergies:* \_\_\_\_\_

**Analysis** Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Patient Goals**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Type of Ulcer**  Venous  Arterial  Mixed  Diabetes  Pressure  Infection

**Factors Contributing to Delaying Healing**

- Friction/Shear:  FootWear:  glucose regulation  Edema  Medications
  - Unrelieved Pressure  Wound Moisture  Bioburden  PVD
  - Wound Oxygenation  Nutrition  Metabolism  Cardiovascular Disease
  - Denervation  Immobility  Foot Biomechanics
- Other; \_\_\_\_\_ Other: \_\_\_\_\_

**Comments**

Medical Management: \_\_\_\_\_

\_\_\_\_\_

Address underlying cause(s); \_\_\_\_\_

\_\_\_\_\_

Wound Environment (Dressing Protocol): \_\_\_\_\_

\_\_\_\_\_

Practical Issues: \_\_\_\_\_

\_\_\_\_\_

**PLAN (Things to do)**

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- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Date of Re-assessment: \_\_\_\_\_

\_\_\_\_\_

Signed

\_\_\_\_\_

Date