Arterial Leg/Foot Ulcers

Assessments Completed

Interventions Implemented

Yes

Healed or at Risk

Is the wound progressing toward the desired outcome?

NO

YES

Reassess

Monitor

Arterial Leg/Foot Ulcers

Cracked or dry skin? Previous ulcer site? Skin at risk?

Partial-Thickness

Exudate? Dry wound? Necrotic? Odor? Periwound skin at risk or impaired?

Full-Thickness

Exudate? Dry wound? Necrotic? Odor? Periwound skin at risk or impaired?

Protect intact skin: skin protectant, skin sealant, skin cleanser, thin hydrocolloid, calcium alginate

Moisturize intact skin: skin protectant (cream or ointment)

Protect intact skin: skin protectant, skin sealant, skin cleanser, thin hydrocolloid, calcium alginate

Control biofilm: Consider use of antimicrobial dressings for wounds showing signs of increased bacterial burden

Manage wound exudate:

Minimal - transparent film, thin hydrocolloid, thin foam
Moderate - hydrocolloid, foam, calcium alginate
Heavy - calcium alginate, foam, combinations of dressings

Debride wound:

Dry - transparent film, hydrogel, hydrating impregnated gauze
Most/wet - hydrocolloid, foam, calcium alginate

Hydrate wound: hydrogel, hydrating impregnated gauze

Manage wound odor: wound cleanser, odor absorbent dressing, more frequent dressing changes, antimicrobial dressing (e.g. Silver)

Protect intact skin: skin protectant, skin sealant, skin cleanser, thin hydrocolloid, thin foam, offloading footwear

Moisturize intact skin: skin protectant (cream or ointment)

Protect intact skin: skin protectant, skin sealant, skin cleanser, thin hydrocolloid, foam, calcium alginate

Control biofilm: Consider use of antimicrobial dressings for wounds showing signs of increased bacterial burden

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Hydrate wound: hydrogel, hydrating impregnated gauze

Manage wound odor: wound cleanser, odor absorbent dressing, more frequent dressing changes, antimicrobial dressing (e.g. Silver)

Fill in dead space: calcium alginate, hydrating impregnated gauze

A healed wound is epithelialized with adequate strength to maintain closure. At-risk skin is tissue exposed to potential injury or tissue that is in a weakened condition (e.g. dry, thin).

Goals of Care: Maintain intact skin and improve tissue tolerance.

Wound and Skin Care Objectives: Protect and moisturize intact skin.
A full-thickness wound extends into deeper tissues which may involve subcutaneous tissue, muscle, bone or other supporting structures. Goals of Care: Reduce skin integrity and avoid infection.

Wound and Skin Care Goals: Protect intact periwound skin, manage wound exudate, cleanse wound, manage wound odor, control edema, prevent infection, maintain skin temperature, promote tissue growth, prevent complications of non-healing wounds. Example of non-occlusive dressings include hydrogels in amorphous or sheet forms, calcium alginate or impregnated gauze sponges. Examples of non-occlusive dressings include hydrocolloids or dressings. Wound and Skin Care Objectives: Restore skin integrity and avoid infection. Examples of non-occlusive dressings include hydrogels in amorphous or sheet forms, calcium alginate or impregnated gauze sponges. Examples of non-occlusive dressings include hydrocolloids or dressings.

NURSING ASSESSMENTS: The algorithm on the reverse side provides a general path of decision-making for assessment and topical management of arterial leg ulcer patients. More detailed information is designed to assist wound care providers. This tool should be used along with the consultative services of a wound care specialist such as WOCN nurse, physical therapist, clinical nurse specialist with expertise in wound management or physician whose care is utilized.

GENERAL NURSING INTERVENTIONS: Most arterial ulcers may have evidence of the following changes:

- Shiny, taut, thin appearance
- Dry and callused/torn tissue
- Cold skin temperature
- Decreased or absent palpable pulses
- Tenderness
- Pulse on elevation and dependent rater

Multidisciplinary management of these patients with early intervention and close monitoring is key to prevention of more serious complications. Assessment and management of complications such as peripheral neuropathy is crucial.

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