

# Lower Limb Ulcers (Arterial, Venous & Mixed): Assessment and Treatment in Adults

# **Site Applicability**

All VCH & PHC sites

#### **Practice Level**

Basic skills for the following professions (within their respective scope of practice):

RN, RPN, LPN, NP

## **Policy Statement**

VCH & PHC nurses will follow the Decision Support Tool (DST) developed by the Provincial Nursing Skin & Wound Committee (see guideline link below) when providing care for non-diabetic adults who have arterial, venous or arterial/venous mixed lower limb ulcers (for diabetic adults with lower limb ulcers please refer to Diabetic & Neuropathic Ulcers Management Guideline (see Related Documents p.2).

#### **Need to Know**

- The Provincial Nursing Skin and Wound Committee (PNSWC) developed this DST to provide standardized arterial, venous and arterial/mixed lower limb ulcer wound care management for all patients, clients and residents across the province.
- Arterial ulcers occur as a result of atherosclerosis that causes a disruption to arterial blood flow. This
  reduced blood flow leads to moderate to severe tissue ischemia and ulcers occur. Arterial ulcers are
  often non-healable unless tissue perfusion can be improved. If untreated or poorly managed, these
  ulcers may progress to invasive infection / gangrene that may necessitate amputation.
- Venous insufficiency occurs due to a disruption in blood flow due to valve dysfunction, complete or partial blockage of the deep veins, and/or failure of the calf muscle pump causing sluggish circulation, poor venous return and eventual chronic venous hypertension. This can result in venous ulcers.
- Mixed ulcers are mostly seen in older clients and include signs and symptoms of both arterial & venous
  ulcers that can make assessment & treatment problematic. With mixed ulcers the ankle brachial index<sup>1</sup>
  (ABI) is usually between 0.8 and 0.5.
- It is necessary to carry out a general and lower limb assessment as well as an assessment of the wound to differentiate wound type, as treatment strategies for arterial, venous & mixed wounds differ.

### **Practice Guideline**

- The Provincial DST <u>Guideline Summary: Lower Limb Arterial Ulcers</u> and <u>Guideline Summary: Lower Limb Venous Ulcers</u> is one page assessment and treatment overview.
- The Provincial DST <u>Guideline</u>: <u>Assessment and Treatment of Lower Limb Ulcers (Arterial, Venous, & Mixed) in Adults</u> provides detailed guidance on the assessment and the determination of treatment goals for patients, clients and residents who have developed an arterial/venous/mixed lower limb ulcer. The DST also outlines interventions and discharge planning considerations as well as expected client/family outcomes.

**Note:** This is a **controlled** document for VCH & PHC internal use. Any documents appearing in paper form should always be checked against the electronic version prior to use. The electronic version is always the current version.

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<sup>&</sup>lt;sup>1</sup> Registered nurses must successfully complete additional education before carrying out ankle brachial pressure index testing. Agency / health authority policy and standards should be in place to support the practice.



#### Patient/Client/Resident Education

VCH & PHC Teaching Pamphlets: order through websites: VCH or PHC

- Preventing Arterial Ulcers (Cat # FO.160.P928)
- Preventing Venous Ulcers (Cat # FO.160.P9281)
- Top Ten Tips for Good Foot Care (Cat # FL.955.T62)

#### **Related Documents**

#### VCH/PHC:

- BD-00-07-40023: Diabetic & Neuropathic Ulcers: Guidelines for Assessment & Treatment in Adults
- BD-00-12-40000: Ankle Brachial Index (ABI): Procedure in Adults using a Handheld Doppler
- BD-00-12-40040: Monofilament Testing for Loss of Protective Sensation (LOPS) of Diabetic/Neuropathic Feet: Procedure for adults & children

VCH: D-00-07-30062: Nutritional Care for Wound Management

## **Documentation**

As per site documentation guidelines

## Developed by

Developed by: British Columbia Provincial Nursing Skin and Wound in collaboration with the Wound Clinicians from FHA, IHA, NHA, PHSA, VCH/PHC and VIHA

#### **Development Team Members:**

VCH: Regional WOCN, VCH

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WCC Coastal Community

PHC: CNS Skin and Wound Care Providence Health Care

PHSC: WOCN Children's Hospital

BC Cancer Agency FHA: WCC Community

WOCN Burnaby Hospital

WCC Community

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**WOCN Abbotsford Hospital** 

IHA: ET North Okanagan HSA ET East Kootenay HSA

NHA: ET Prince George Hospital ET North West HSDA

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# **Endorsed by**

VCH: (Regional SharePoint 2<sup>nd</sup> Reading)

Health Authority Profession Specific Advisory Council Chairs (HAPSAC)

Health Authority & Area Specific Interprofessional Advisory Council Chairs (HAIAC)

**Operations Directors** 

**Professional Practice Directors** 

PHC: Clinical Nurse Specialist, Wound & Skin Care, St. Paul's Hospital

#### Final Sign-off & Approved for Posting by

Professional Practice Director on behalf of Chief Nursing Officer & Executive Lead Professional Practice, VCH Professional Practice Standards Committee, PHC

## Date of Approval/Review/Revision

Approved: November 5, 2012 Posted: November 9, 2012