Annex 2

Example leg ulcer assessment sheet - adapted from NHS Grampian

LEG ULCER ASSESSMENT SHEET PAGE 1

Assessment made by..... Date of assessment.....

Patient's name..... Date of birth.....

CHI number..... Occupation/previous occupation

Height.....

Weight.....

PREDISPOSING MEDICAL CONDITIONS

Venous	L	R	Arterial	
Varicose Veins			Bypass Surgery	
V.V Surgery			Ischaemic H.D	
Sclerotherapy			Hypertension	
Thrombophlebitis			T.I.A.	
D.V.T			C.V.A.	
Leg Fracture			Diabetes	
Leg Infection			Rheumatoid Arthritis	
Pregnancy	Yes	No	Claudication	

MEDICATION

Known Allergies

PRESENTING

Venous	L	R
Eczema		
Itch		
Pigmentation		
Oedema		
Ankle flare		
Induration		
Atrophie Blanche		
Palpable pulse		
R.P.I > 0.8		

LEG

Arterial	L	R
Loss of hair		
Atrophic, shiny skin		
Skin,cold/white/blue		
Poor capillary filling		
Night pain relieved		
when leg is dependent		
Calf/Thigh muscle wasting		
Pedal pulse absent/weak		
R.P.I. <0.8		

ULCER

Venous	L	R
Wound shallow		
Flat margins		
Sited lateral/medial/malleoius		

Arterial	L	R
Wound deep		
Punched out irregular shape		
Sited foot/ lateral aspect of leg		

PERPETUATING

	Yes	No
Obese		
Smoker		
Poor nutrition		
Anaemia		
Poor mobility		
Poor ankle movement		
Psycho/ social factors		
Previous Leg Ulcers		
IV drug use		

INVESTIGATIONS

Urinalysis _____

B.P. _____

H.B.C./Hb _____

Blood/Glucose _____

	L	R
Ankle circumference		
Calf circumference		

Date to Redoppler: _____

Previous Leg Ulcer treatements:

Duration of Ulcer: (Days/Weeks/Months/Years)

ANKLE BRACHIAL PRESSURE INDEX (ABPI)

RIGHT	LEFT
Brachial_____	Brachial_____
Dorsalis Pedis*_____	Dorsalis Pedis*_____
Posterial Tibial*_____	Posterial Tibial*_____
Peroneal**_____	Peroneal**_____
Right ABPI	Left ABPI

* Use the highest Doppler readings from the foot pulses divided by the higher of the two brachial arm readings

** Use peroneal pulse Doppler pressures if foot pulses not detectable

Summary

Venous/Arterial/Mixed Aetiology/Diabetic

•Please indicate site of ulcer by drawing on the back of this sheet along with any comments.

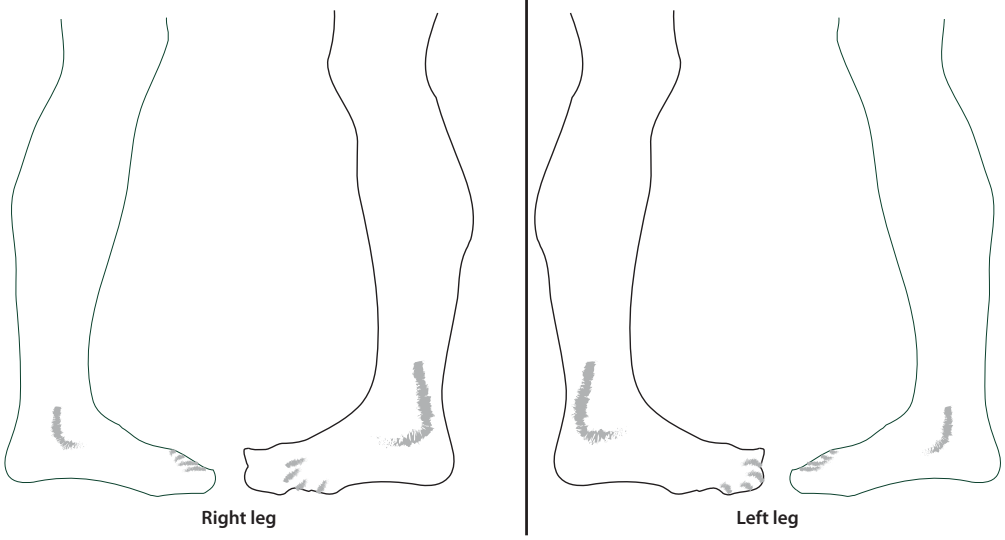
•Any tracings or photographs should be attached

Annex 2

Example leg ulcer assessment sheet (continued)

LEG ULCER ASSESSMENT SHEET PAGE 2

POSITION OF ULCER



OTHER COMMENTS