



	VENOUS INSUFFICIENCY (STASIS)	ARTERIAL INSUFFICIENCY	PERIPHERAL NEUROPATHY
<b>HISTORY</b>	<ul style="list-style-type: none"> <li>◆ Previous DVT and Varicosities</li> <li>◆ Reduced mobility</li> <li>◆ Obesity</li> <li>◆ Vascular Ulcers</li> <li>◆ Phlebitis</li> <li>◆ Traumatic Injury</li> <li>◆ CHF</li> <li>◆ Orthopedic procedures</li> <li>◆ Pain reduced by elevation</li> </ul>	<ul style="list-style-type: none"> <li>◆ Diabetes</li> <li>◆ Anemia</li> <li>◆ Arthritis</li> <li>◆ Increased pain with activity and/or elevation</li> <li>◆ CVA</li> <li>◆ Smoking</li> <li>◆ Intermittant claudication</li> <li>◆ Traumatic injury to extremity</li> <li>◆ Vascular procedures/surgeries</li> <li>◆ Hypertension</li> <li>◆ Hyperlipidemia</li> <li>◆ Arterial Disease</li> </ul>	<ul style="list-style-type: none"> <li>◆ Diabetes</li> <li>◆ Spinal Cord injury</li> <li>◆ Hansens' Disease</li> <li>◆ Relief of pain with ambulation</li> <li>◆ Parasthesia of extremities</li> </ul>
<b>LOCATION</b>	<ul style="list-style-type: none"> <li>◆ Medical aspect of lower leg and ankle</li> <li>◆ Superior to medial malleolus</li> </ul>	<ul style="list-style-type: none"> <li>◆ Toetips or web spaces</li> <li>◆ Phalangeal heads around lateral malleolus</li> <li>◆ Areas exposed to pressure or repetitive trauma</li> </ul>	<ul style="list-style-type: none"> <li>◆ Plantar aspect of foot</li> <li>◆ Metatarsal heads</li> <li>◆ Heels</li> <li>◆ Altered pressure points/Sites of Painless Trauma/Repetitive Stress</li> </ul>
<b>APPEARANCE</b>	<ul style="list-style-type: none"> <li>◆ Color: base ruddy</li> <li>◆ Surrounding skin: erythema (venous dermatitis) and/or brown staining (hyperpigmentation)</li> <li>◆ Depth: usually shallow</li> <li>◆ Wound margins: irregular</li> <li>◆ Exudate: moderate to heavy</li> <li>◆ Edema: pitting or non-pitting; possible induration and cellulitis</li> <li>◆ Skin temp: normal; warm to touch</li> <li>◆ Granulation: frequently present</li> <li>◆ Infection: less common</li> </ul>	<ul style="list-style-type: none"> <li>◆ Color: base of wound, pale/pallor on elevation; dependent rubor</li> <li>◆ Skin: shiny, taut, thin, dry, hair loss lower extremities, atrophy of subcutaneous tissue</li> <li>◆ Depth: deep</li> <li>◆ Wound margins: even</li> <li>◆ Exudate: minimal</li> <li>◆ Edema: variable</li> <li>◆ Skin temp: decreased/cold</li> <li>◆ Granulation tissue: rarely present</li> <li>◆ Infection: frequent (signs may be subtle)</li> <li>◆ Necrosis, eschar, gangrene may be present</li> </ul>	<ul style="list-style-type: none"> <li>◆ Color: Normal skin tones; trophic skin changes, fissuring and/or callus formation</li> <li>◆ Depth: variable</li> <li>◆ Wound margins: well defined</li> <li>◆ Exudate: variable</li> <li>◆ Edema: cellulitis, erythema and induration common</li> <li>◆ Skin temp: warm</li> <li>◆ Granulation tissue: frequently present</li> <li>◆ Infection: frequent</li> <li>◆ Necrotic tissue variable, gangrene uncommon</li> <li>◆ Reflexes usually diminished</li> <li>◆ Altered gait; orthopedic deformities common</li> </ul>
<b>PERFUSION</b>	<p><b>PAIN</b></p> <ul style="list-style-type: none"> <li>◆ Minimal unless infected or desiccated.</li> </ul> <p><b>PERIPHERAL PULSES</b></p> <ul style="list-style-type: none"> <li>◆ Present/Papable</li> </ul> <p><b>CAPILLARY REFILL</b></p> <ul style="list-style-type: none"> <li>◆ Normal – less than 3 seconds</li> </ul>	<p><b>PAIN</b></p> <ul style="list-style-type: none"> <li>◆ Intermittent claudication</li> <li>◆ Resting</li> <li>◆ Positional</li> <li>◆ Nocturnal</li> </ul> <p><b>PERIPHERAL PULSES</b></p> <ul style="list-style-type: none"> <li>◆ Absent or diminished</li> </ul> <p><b>CAPILLARY REFILL</b></p> <ul style="list-style-type: none"> <li>◆ Delayed – more than 3 seconds</li> <li>◆ ABI &lt; 0.8</li> </ul>	<p><b>PAIN</b></p> <ul style="list-style-type: none"> <li>◆ Diminished sensitivity to touch</li> <li>◆ Reduced response to pin prick usually painless</li> </ul> <p><b>PERIPHERAL PULSES</b></p> <ul style="list-style-type: none"> <li>◆ Palpable/Present</li> </ul> <p><b>CAPILLARY REFILL</b></p> <ul style="list-style-type: none"> <li>◆ Normal</li> </ul>

*(Continued on reverse)*



## VENOUS INSUFFICIENCY (STASIS)

- ◆ Measures to improve venous return
  - ◆ Surgical obliteration of damaged veins
  - ◆ Elevation of legs
  - ◆ Compression therapy to provide at least 30mm Hg compression @ ankle
    - Options:**
      - Short stretch bandages (e.g. Setopress, Surepress, Comprilan)
      - Therapeutic support stockings
      - Unna's Boot
      - Profore 4-layer wrap
      - Compression pumps
- ◆ Topical Therapy
  - ◆ Goals: absorb exudate, maintain moist wound surface (e.g. alginate, foam, hydro-colloid dressings)

## ARTERIAL INSUFFICIENCY

- ◆ Measures to improve tissue perfusion
  - ◆ Revascularization if possible
  - ◆ Medications to improve RBC transit through narrowed vessels
  - ◆ Lifestyle changes (no tobacco, no caffeine, no constrictive garments, avoidance of cold)
  - ◆ Hydration
  - ◆ Measures to prevent trauma to tissues (appropriate footwear at **all times**)
- ◆ Topical Therapy
  - ◆ Dry uninfected necrotic wound: keep dry
  - ◆ Dry infected wound
  - ◆ Immediate referral for surgical debridement/aggressive antibiotic therapy
  - ◆ Open wound
    - Moist wound healing
    - Nonocclusive dressings (e.g. solid hydrogels) or **cautious** use of occlusive dressings
    - Aggressive treatment of any infection

## PERIPHERAL NEUROPATHY

- ◆ Measures to eliminate trauma
  - ◆ Pressure relief for heel ulcers
  - ◆ "Offloading" for plantar ulcers (bedrest **or** contact casting **or** orthopedic shoes)
  - ◆ Appropriate footwear
- ◆ Tight glucose control
- ◆ Aggressive infection control (debridement any necrotic tissue, orthopedic consult for exposed bone, antibiotic coverage)
- ◆ Topical Therapy:
  - ◆ Cautious use of occlusive dressings
  - ◆ Dressing to absorb exudate/keep surface moist