

Venous Leg Ulcer Protocol

Precautions: Whirlpool will increase edema, avoid compression over untreated cellulitis or DVT, presence of dermatitis may require steroid cream or increase in frequency of dressing changes due to drainage

- Clean with normal saline or wound cleanser and gauze.
 - Use skin prep to periwound.
 - Moisturizers may be used for dry skin of feet and leg.
 - Moisture barrier ointments may be used if maceration is present.
 - Consider topical steroid ointments if dermatitis is present.
1. Apply hydrogel to wound and cover with calcium alginate or hydrofiber as primary dressing. Non-adherent gauze or foam may be applied according to drainage or periwound condition. Wrap leg with EITHER unna boot, roll gauze, Coban or ace OR wrap leg with multilayer compression bandage.
 2. Apply silver dressing or cadexomer iodine and wrap leg with EITHER Unna boot, roll gauze, Coban or ace OR wrap leg with multilayer compression bandage.

*May use absorbent gauze or special dressings to absorb excessive amount of drainage with above dressings.

*May dress with compression stocking.

*If cellulitis evident with open superficial blisters or areas, apply Silvadene and/or alginate or non-adherent dressing and cover with gauze and compression.

*Compression dressings may stay on for seven (7) days. Typically change these dressings 1-2 times weekly.

Documentation:

- Document work and social history.
- Document tobacco history.
- Document girth measurements. Document any edema trends.
- Document activity level and preferred positions.
- Document weight and nutritional status, barriers preventing nutritional improvement and potential for intervention.
- Document patient's psychosocial status and primary caregiver's relationship and competence for teaching and application of education.
- Document pain level.
- Document history of previous surgeries and wounds.

Treatment Goals:

- Soft tissue swelling is reduced
- Tolerance to positions and activities is increased.
- Protection of body part is increased.
- Sense of well-being is increased.

Recommended Interventions:

- Dietary
- Physical Therapy

Recommended Modalities:

- Pulsed lavage – avoid whirlpools.
- Compression
- Electrical Stimulation

Education: nutritional counseling, signs and symptoms of wound infection, edema control, exercise and walking program or physical therapy consult, smoking cessation

Diabetic Ulcer Protocol

Precautions: Avoid multiple sessions of whirlpool due to autonomic neuropathy, avoid occlusive dressings and tape on skin

- Clean with normal saline or wound cleanser and gauze.
 - Use skin prep to periwound.
 - Moisturizers may be used for dry skin of feet and leg.
 - Moisture barrier ointments may be used if maceration is present
 - Place 2x2 between all toes if foot is wrapped or if maceration evident.
1. Apply hydrogel and gauze to wound, cover with absorbent dressing as needed, wrap with roll gauze.
 2. Apply hydrogel and alginate or hydrofiber to wound, cover with absorbent dressing as needed, wrap with roll gauze.
 3. Apply saline-moistened gauze cut to fit wound, cover with absorbent dressing as needed, wrap with roll gauze.
 4. May use other pharmaceutical products such as ointments or topical agents available in conjunction with above. See addendum.

Documentation:

- Document diabetes control.
- Document tobacco history.
- Document weight and nutritional status, barriers to nutrition improvement and potential for intervention.
- Document patient's psychosocial status and primary caregiver's relationship and competence for teaching and application of education.
- Document mobility status and potential for improvement.
- Document shoe gear – history and present.

Treatment Goals:

- Loading on a body part is decreased.
- Protection of a body part is increased.
- Tolerance to activities is increased.
- Weight bearing status is improved.
- Awareness and use of community resources is improved.

Recommended Interventions:

- Diabetes Education
- Dietary
- Physical Therapy
- Orthotist
- DME
- Social Worker / Case Manager

Recommended Modalities:

- Pulsed lavage – avoid whirlpool.
- Electrical Stimulation
- Total Contact Casting
- Hyperbaric Oxygen – must have documented no improvement in 30 days
- Debridement

Education: nutritional counseling, signs and symptoms of wound infection, smoking cessation, diabetes control, foot care, exercise program or physical therapy consult, Shoe gear and orthotics for off-loading

Arterial Leg Ulcer Protocol

Precautions: Avoid occlusive dressings, tape on skin and do not apply compression

- Clean with normal saline or wound cleanser and gauze.
 - Use skin prep to periwound.
 - Moisturizers may be used for dry skin.
 - Moisture barrier ointments may be used if maceration is present.
1. If wound is dry eschar without drainage, erythema or fluctuance, dress dry.
 2. Apply moist wound dressing using hydrogel, alginate or hydrofiber, and cover with gauze and/or roll gauze.

* Do not use occlusive dressings or compression.

Documentation:

- Document weight and nutritional status, barriers preventing nutritional improvement and potential for intervention.
- Document tobacco history.
- Document patient's psychosocial status and primary caregiver's relationship and competence for teaching and application of education.
- Document mobility status and potential for improvement.
- Document pain level.
- Document activity level and preferred positions.
- Document history of previous surgeries and wounds.

Treatment Goals:

- Pain is decreased.
- Protection of a body part is increased.
- Tolerance to positions and activities is improved.
- Soft tissue restriction is reduced.
- Sense of well-being is increased.

Recommended Interventions:

- Dietary
- Surgeon
- Physical Therapy

Recommended Modalities:

- Pulsed lavage
- Whirlpool
- Electrical Stimulation

Education: nutritional counseling, signs and symptoms of wound infection, smoking cessation, exercise and walking program or physical therapy consult, foot and skin care

May use other pharmaceutical products such as ointments or topical agents available in conjunction with above. See addendum