# Appendix 1 - Lower Limb Assessment Criteria (Tier 3/4 and District Nurses)

**Undertake an assessment to identify the management plan required for ongoing lower limb management. The assessment must include the following criteria and be documented accordingly as per local guidance.**

| 1 - Patient Assessment to identify the following: | | | | | | | |
|---|---|---|---|---|---|---|---|
| Age | Gender | Pain | BMI | Blood Pressure and Pulse | Blood Sugar | Medication (Allergies ) | Occupation |

| 2 - Risk Assessment to identify the following: | | |
|---|---|---|
| **Venous Insufficiency** | **Arterial Compromise** | **Mixed Aetiology** |
| Advance age | Advance age | Mixed wounds combined the signs and symptoms of both arterial and venous.<br>An ABPI must be complete to determine if arterial compromise is present. |
| Family history of Venous Insufficiency | Family history of Peripheral Arterial Disease | |
| Diabetes | Diabetes | |
| History of leg trauma | History of leg trauma | |
| Raised BMI | Raised BMI | |
| Pain not severe unless associated with infection or oedema | Intermittent claudication pain and/or rest pain | |
| Heavy, aching pain associated with legs in dependant positon | Pain worse at night/leg elevation | |
| Arteriovenous fistula | Stroke | |
| Heart Failure | Heart Failure | |
| Previous deep vein thrombosis | Myocardial Infarction | |
| Previous surgery to the limb | Hypertension | |
| Limited ankle function | Anaemia | |
| Immobility | Rheumatoid arthritis | |
| Sedentary life style | Raynaud's disease | |
| Prolonged standing | Smoking / Ex smoker | |
| Multiple pregnancies | Glassy, thin callus | |

| 3 - Lower Limb Assessment to identify the following: | | | | | |
|---|---|---|---|---|---|
| Ankle measurement | Calf measurement | Previous ulcer history | Time since last episode | Site of last episode | Past treatments |

| **Venous Insufficiency** | **Arterial Compromise** | **Mixed Aetiology** |
|---|---|---|
| Peripheral pulses present and palpable (may be difficult to locate if oedema is present) | Peripheral pulses absent or diminished | Mixed wounds combined the signs and symptoms of both arterial and venous.<br>An ABPI must be complete to determine if arterial compromise is present. |
| Capillary refill less than or equal to 4 seconds | Capillary refill delayed more than 4 seconds | |
| Skin temperature is normal | Skin temperature is cool/cold | |
| Skin colour is brown, red or inflamed | Skin colour is pale | |
| Oedema (Dependant) | None to minimal localised oedema | |
| Located on the gaiter area and medial malleolus | Located on pressure points, toe, lateral malleolus, heels and tibia | |
| Venous eczema | Gangrene may be present | |
| Lipodermatosclerosis | Hair loss | |
| Atrophie blanch | Thickened toe nails | |
| Haemosiderosis | Myocardial Infarction | |
| Varicose veins | Inability to elevate limb | |
| Ankle flare | | |

| T.I.M.E.S | Venous Insufficiency | Arterial Compromise | Mixed Aetiology |
|---|---|---|---|
| **T- Tissue** | Granulation and /or slough<br>Rarely necrosis | Pale slough and/or necrosis, may involve bone and/ or tendon. | See Venous and Arterial |
| **I - Infection** | May have bacterial burden, local or spreading infection | Frequent local, spreading and systemic infection | |
| **M - Moisture** | Moderate to heavy bacterial infection serous exudate | Minimal serous or purulent exudate | |
| **E - Edges** | Depth usually shallow margins diffuse and irregular | Depth is shallow to deep margins well define and 'punched out' | Depth shallow to deep<br>Margins rolled |
| **S - Surrounding Skin** | Erythema, weeping, dermatitis, maceration, asteotic excema, heamociderin staining. | Thin, shiny, dry | Maceration, eczema, calluses |

| **4 - Pulses** | **Posterial Tibial** | **Dorsalis Pedis** | **Peroneal** | **Anterior Tibial** |
|---|---|---|---|---|
| Pulses present | | | | |
| Pulse sound | | | | |

| **5. ABPI readings** | |
|---|---|
| **Left** | **Right** |

| **6. Diagnosis** | |
|---|---|
| **Left** | **Right** |

| **7 - Wound Assessment to identify the following:** | | | |
|---|---|---|---|
| Location | Number of wounds | Duration | Pain |

**If the named product on this pathway is not available a temporary second line product is available to use. This can be found within the main text of the Doncaster Wide Wound Care Formulary Document.**

**Reference: NICE (2020) Leg Ulcer Pathway. Grey, J. et al (2006) Venous and arterial leg ulcer. ABC of wound healing. British Medical Journal. Newton, H. (2011) Leg ulcers: Differences between venous and arterial. Wounds Essential.**

Developed by: Tissue Viability and Lymphoedema Service and The Skin Integrity Team. Updated June 2022 v2. For Review June 2024.