

Lower Extremity Wound Management Guidelines

These are guidelines for reference only. Treatment is based upon individual resident or patient need and physician Order/Instructions.

Venous Ulcers	Arterial Ulcers	Diabetic/Neuropathic	Edema/Lymphedema Present
<p>Shallow, painful ulcer located over bony prominences, particularly the gaiter area (over medial malleolus); granulation tissue and fibrin present. Associated findings include edema, venous dermatitis, varicosities, and lipodermatosclerosis.</p>	<p>Ulcers are commonly deep, located over bony prominences, round or punched out with sharply demarcated borders; yellow base or necrosis; exposure of tendons. Associated findings include abnormal pedal pulses, cool limbs, femoral bruit and prolonged venous filling time.</p>	<p>Usually occurs on plantar aspect of feet in patients with diabetes, neurologic disorders, or Hansen disease.</p>	<p>Swelling of part or all of the arm or leg, including fingers or toes. A feeling of heaviness or tightness. Restricted range of motion. Recurring infections. Hardening and thickening of the skin (fibrosis).</p>
<ul style="list-style-type: none"> • Refer for Vascular Assessment. • Manage Exudate. • Reduce Edema. • Monitor for Infection. 	<ul style="list-style-type: none"> • Refer for Vascular Assessment. • Manage Pain. • Monitor for Infection. • Maintain dry, stable eschar in non-infected wounds. 	<ul style="list-style-type: none"> • Refer for Vascular Assessment. • Off Load Wound. • If callous present, refer for surgical debridement. • Monitor for Infection. • Manage Exudate. • Maintain dry, stable eschar. • Manage Blood Glucose levels. 	<ul style="list-style-type: none"> • Reduce/Control Edema. • Maintain Skin Integrity. • Manage Exudate. <p><i>Compression Therapy Considerations</i></p> <ul style="list-style-type: none"> • ABI is 0.9-0.6: reduced compression of 23mmhg. • ABI is 0.5 or lower, compression is contraindicated. • Compression is contraindicated with DVT or acute CHF. • Diabetes may produce false elevations in ABI readings. •
<p>Cleanse with normal saline or Wound Cleanser.</p>	<p>Cleanse with normal saline or Wound Cleanser.</p>	<p>Cleanse with normal saline or Wound Cleanser.</p>	<p>Cleanse with normal saline or Wound Cleanser.</p>

<p><i>Light Exudate</i></p> <ul style="list-style-type: none"> • Apply Hydrogel, or Collagen if wound base is mostly red. <p><i>Moderate Exudate</i> Apply Calcium Alginate or Collagen.</p> <p><i>Heavy Exudate</i></p> <ul style="list-style-type: none"> • Apply Calcium Alginate and cover with Foam or Super Absorbent Dressing. • ABI > 0.9 • Change QD or QOD 	<p><i>Light Exudate</i></p> <ul style="list-style-type: none"> • Apply Hydrogel or Collagen. • Silver based product maybe a consideration for this type of wound, if bio-burden or signs of localized infection is present. • Stable ischemic eschar/wounds should be kept dry and protected. • ABI < 0.5 compression therapy is contraindicated • Change QD or QOD 	<p><i>Light Exudate</i></p> <ul style="list-style-type: none"> • Apply Hydrogel or Collagen. <p><i>Moderate Exudate</i></p> <ul style="list-style-type: none"> • Apply Calcium Alginate or Collagen. <p><i>Heavy Exudate</i></p> <ul style="list-style-type: none"> • Apply Calcium Alginate and cover with Foam or Super Absorbent Dressing. • Silver based product maybe a consideration for this type of wound, if bio-burden or signs of localized infection is present. • Change QD or QOD 	<p><i>Light Exudate</i></p> <ul style="list-style-type: none"> • Apply Hydrogel or Collagen. <p><i>Moderate Exudate</i></p> <ul style="list-style-type: none"> • Apply Calcium Alginate or Collagen. <p><i>Heavy Exudate</i></p> <ul style="list-style-type: none"> • Apply Calcium Alginate and cover with Foam or Super Absorbent Dressing. • Silver based product maybe a consideration for this type of wound, if bio-burden or signs of localized infection is present. • Change frequency is based on compression wrap used.
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