



Waterloo Wellington Integrated Wound Care Program  
Evidence-Based Wound Care

## Venous and Mixed Venous/Arterial Clinical Pathway

| 0-7 Days Expected Outcomes   | Notes   |   |
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| Patient admitted to service/facility   |   |   |
| Most Responsible Physician (MRP)/Nurse Practitioner (NP) identified/informed     | <ul style="list-style-type: none"> <li>Refer patient to 'Care Connects' if no responsible practitioner currently involved with patient</li> <li>Determine if MRP/NP is part of family health team (FHT) or community health centre (CHC) and consider additional supports available</li> </ul>  |   |
| Medical/surgical history and co-morbidity management considered within care plan | <p>Risk factors include:</p> <p>Physiological</p> <ul style="list-style-type: none"> <li>Diabetes mellitus</li> <li>Osteoporosis</li> <li>Hypertension</li> <li>Pregnancy</li> <li>Heart disease, stroke, transient ischemic attack</li> <li>Episodic chest pain, pulmonary emboli or hemoptysis, ischemic rest pain</li> <li>Hyperlipidemia</li> <li>Collagen vascular diseases (e.g. Ankylosing spondylitis, Dermatomyositis, Polyarteritis nodosa, Psoriatic arthritis, Rheumatoid arthritis, Scleroderma, Systemic lupus erythematosus)</li> <li>Varicose veins</li> <li>Protein C, S or Factor 5 clotting disorders</li> <li>Previous vascular tests or surgeries</li> <li>Lower leg fractures/injury</li> <li>Gout</li> <li>Use of immunosuppressant medications</li> <li>Advanced age</li> <li>History of deep vein thrombosis</li> <li>History of foot infections or osteomyelitis</li> <li>Decreased cognitive ability</li> <li>Alcohol/drug abuse</li> <li>Peripheral vascular or artery disease</li> </ul> | <ul style="list-style-type: none"> <li>Venous stasis disease (Insufficiency)</li> <li>Glycosylation of tissues</li> <li>Congenital abnormalities</li> <li>Vasculitis (Angilitis)</li> <li>Previous ulceration</li> </ul> <p>Physical Limitations</p> <ul style="list-style-type: none"> <li>Obesity</li> <li>Deformity (Charcot foot, hammer toes, bunions, claw toes, non-union fractures, fixed ankle joint)</li> <li>Presence of toe infections (fungal or bacterial), callous and/or corns</li> <li>Limited joint mobility</li> <li>Visual disturbances</li> <li>Amputation</li> <li>Trauma</li> </ul> <p>Socioeconomic/Lifestyle</p> <ul style="list-style-type: none"> <li>Smoking</li> <li>Unsafe home environment</li> <li>Inadequate foot wear</li> <li>Inadequate hygiene</li> <li>Lack of awareness for self-care</li> <li>Financial insecurity</li> <li>Decreased level of activity (bedrest, prolonged sitting or standing)</li> <li>Nutritional deficits</li> </ul> |
| Current ongoing adjunctive therapies integrated into care plan                   |   |   |
| Medication reconciliation and their impact on wound healing reviewed             | <ul style="list-style-type: none"> <li>Prescription, non-prescription, naturopathic and illicit drug use (including e-cigarettes, inhaled substances and nicotine replacement therapy)</li> <li>Medications that can affect healing include:<br/>Chemotherapy, anticoagulants, antiplatelets, corticosteroids, vasoconstrictors, antihypertensives, diuretics and immunosuppressive drugs</li> </ul>  |   |

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|   | <ul style="list-style-type: none"> <li>• Other medications used to treat acute episodic illnesses may affect healing (eg. Antibiotics, colchicine, anti-rheumatoid arthritics)</li> <li>• Vitamin and mineral supplementation</li> </ul>   |
| Recent blood work and other diagnostic test results reviewed and implications for wound healing considered  | <ul style="list-style-type: none"> <li>• Determine bloodwork and other diagnostic tests required (see chart in guidelines)</li> </ul>  |
| Home Glycemic Control and Monitoring if diabetic  | <ul style="list-style-type: none"> <li>• BS and A1C are within recommended range per responsible physician or NP</li> <li>• Use of glucose log book (Diabetes Passport)</li> <li>• Adequate insulin supplies</li> <li>• Glucometer and required supplies</li> <li>• Assess for barriers in monitoring glycemic control</li> </ul>  |
| <div style="border: 1px solid black; background-color: #d9e1f2; padding: 5px; width: fit-content; margin: 0 auto;"> <p>Normal blood glucose ranges are needed for wound healing to occur</p> </div> |  |
| Physical examination performed  |  |
| Bilateral lower leg assessment completed  | <p>Complete:</p> <ol style="list-style-type: none"> <li>1. ABPI/TPBI completed within last 3 mths and results documented</li> <li>2. If unable to obtain ABPI/TPBI, referral to medical imaging for vascular studies is recommended</li> <li>3. Repeat ABPI/TPBI assessment every 3 months if healing is not progressing</li> <li>4. Bilateral Lower Leg Assessment that includes: <ul style="list-style-type: none"> <li>• Leg measurements (foot, ankle, calf, thigh)</li> <li>• Nail changes (thicker, dry, crumbly, presence of fungal infection)</li> <li>• Assess interdigital spaces</li> <li>• Presence of callous or corns</li> <li>• Presence of varicosities (varicose veins)</li> <li>• Ankle Flare</li> <li>• Drainage on socks</li> <li>• Measurement of edema</li> <li>• Dermatological changes due to impaired blood flow</li> </ul> </li> </ol> |
| Wound Assessment completed  | <p>Complete:</p> <ul style="list-style-type: none"> <li>• Bates-Jensen Wound Assessment Tool (BWAT); OR Leg Ulcer Measurement Tool (LUMT)</li> <li>• Confirm wound etiology</li> <li>• Document percentage of healing since last visit</li> <li>• Assessment for infection (NERDS and STONEES)</li> <li>• Obtain photos following best practice as per framework for individual organization policies &amp; procedures Suggest following publication as guideline: <a href="http://mydigitalpublication.com/publication/?i=206722">http://mydigitalpublication.com/publication/?i=206722</a></li> </ul>  |
| Compression therapy history documented and considered in plan   | <ul style="list-style-type: none"> <li>• Previous compression garments</li> <li>• Reason compression treatment has changed if applicable</li> <li>• Age of compression garments</li> <li>• Adherence to compression plan</li> <li>• Application and removal of compression in past</li> <li>• Finances</li> </ul>  |
| Pain management initiated   | <p>Complete:</p> <ul style="list-style-type: none"> <li>• Brief Pain Inventory Short Form (BPI-SF)</li> <li>• Identify type of pain <ol style="list-style-type: none"> <li>1. Neuropathic Pain (described as burning, stinging, shooting, stabbing or hyperesthesia – sensitivity to touch). Suggested pharmaceutical treatment: Second generation tricyclic agents – e.g. Nortriptyline or Desipramine. If pain is not relieved try using Gabapentin or Pregabalin.</li> <li>2. Nociceptive Pain (described as sharp, aching or throbbing). Suggested pharmaceutical treatment: Non-</li> </ol> </li> </ul>   |

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|   | <p>Opioids – e.g. ASA or Acetaminophen, Mild Opioids – e.g. Codeine, Strong Opioids – e.g. Morphine or Oxycodone</p> <ul style="list-style-type: none"> <li>Obtain physician/nurse practitioner orders for pharmaceutical treatments (opioids and non-opioids)</li> <li>Non-pharmacological pain control options</li> </ul>  |   |
| Patient’s nutritional status optimized  | <ul style="list-style-type: none"> <li>Review blood work results</li> <li>Calculate Body Mass Index (BMI)</li> <li>Determine recent weight loss/gain</li> <li>Complete Mini Nutritional Assessment (MNA)                             <ul style="list-style-type: none"> <li>If screening section results <math>\leq 11</math> = complete assessment section</li> <li>If Assessment section results <math>\leq 24</math> = Registered Dietician referral required</li> </ul> </li> </ul>  |   |
| Wound etiology and appropriate pathway established  | <ul style="list-style-type: none"> <li>Identify initial cause of wound</li> <li>Results of lower leg assessment</li> <li>ABPI/TBPI</li> <li>Results of wound assessment</li> <li>Vascular study results</li> </ul>   |   |
| Patient and caregiver concerns and goals integrated into the care plan and shared with care team  | <p>Complete:</p> <ul style="list-style-type: none"> <li>Cardiff Wound Impact Questionnaire; OR World Health Organization Quality of Life (WHOQOL) form</li> <li>Ensure all patient/caregiver goals and concerns have been addressed</li> </ul>   |   |
| Wound treatment plan determined in accordance to treatment goal (healable, maintenance or non-healable)   | <ul style="list-style-type: none"> <li>Arrange for physician/nurse practitioner orders as required to begin plan of care including agreeance to professional referral recommendations</li> <li>Identify any potential barriers to wound treatment plan</li> <li>Utilize toolkit to determine wound cleansing, debridement and dressing selection (South West Region Wound Care Program: Wound Cleansing Table and Dressing Selection and Cleansing enablers and CAWC Product Picker chart)</li> <li>Wound Care link: <a href="http://www.woundcare.ca/105">http://www.woundcare.ca/105</a></li> </ul>  |   |
| <p>Compression plan determined from guidelines:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">Compression therapy is gold standard of care</p> <ul style="list-style-type: none"> <li>Compression wraps for healing and 4 weeks after closure</li> <li>Compression garments obtained when wound ~95% closed</li> <li>Compression garments once closed and to continue for life</li> </ul> </div> | <ul style="list-style-type: none"> <li>Arrange for physician/nurse practitioner orders as required to begin plan of care including agreeance to professional referral recommendations</li> <li>Identify any potential barriers to compression</li> <li>ABPI and Compression Bandaging Table adherence including need for ‘Compression For Life’</li> </ul> <div style="border: 1px solid black; padding: 5px; margin: 5px 0; text-align: center;"> <p>***Initiation of compression therapy requires a lower leg assessment to be completed, ABPIs/TBPIs to be determined and results evaluated in addition to physician/NP order***</p> </div> |   |
| Patient counselled on the benefit of activity, rest, and leg elevation for wound healing  | <ul style="list-style-type: none"> <li>Recent changes in overall activity level</li> <li>Daily routine</li> <li>Personal assistance available to perform activities of daily living</li> <li>Manual dexterity of hands for application and removal of compression</li> <li>Ankle range of motion allowing for calf muscle pump to function - consider PT referral for assessment</li> <li>Determine where patient sleeps at night</li> <li>Mobility and dexterity aids currently being used</li> <li>Safety of transfers</li> <li>Recommendations for exercise and leg elevation above level of the heart – encourage walking</li> </ul>       |   |
| Patient/caregiver educational plan initiated  | <p>Activity</p> <ul style="list-style-type: none"> <li>Leg elevation</li> <li>Calf-muscle exercises</li> </ul>   | <p>Diagnostic testing</p> <ul style="list-style-type: none"> <li>Target ranges for A1C, Blood sugar and cholesterol levels</li> </ul> |

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|   | <p><b>Safety</b></p> <ul style="list-style-type: none"> <li>• Encourage appropriate footwear should be worn at all times when weight bearing as discussed with foot care specialist</li> <li>• Prevention of injury – avoid extremes (hot/cold, loose/tight)</li> <li>• When to call primary care giver (eg. signs and symptoms of infection, deep vein thrombosis, cellulitis, impaired blood flow, difficulties with compression)</li> <li>• Examination of footwear, orthotics and offloading devices for foreign objects, wear pattern, pressure points and presence of wound drainage</li> </ul> <p><b>Compression</b></p> <ul style="list-style-type: none"> <li>• Compression ‘for life’ if applicable</li> <li>• Risks of compression</li> <li>• Compression application and removal</li> <li>• Remove compression stockings at bedtime when legs are elevated and re-apply before ambulating in a.m.</li> </ul> <p><b>Lifestyle</b></p> <ul style="list-style-type: none"> <li>• Smoking and e-cigarette cessation with goal to be nicotine-free<br/>Smoking Cessation Best Practice Guidelines can be found at:<br/><a href="http://rnao.ca/sites/rnao-ca/files/Integrating_Smoking_Cessation_into_Daily_Nursing_Practice.pdf">http://rnao.ca/sites/rnao-ca/files/Integrating_Smoking_Cessation_into_Daily_Nursing_Practice.pdf</a></li> <li>• Pain management</li> <li>• Rest/Activity</li> </ul> <p><b>Dietary</b></p> <ul style="list-style-type: none"> <li>• Dietary requirements as per dietician directions</li> <li>• Blood glucose testing and recording in diary</li> <li>• Link to EatRight Ontario to talk to dietician<br/><a href="http://www.eatrightontario.ca">www.eatrightontario.ca</a> 1-877-510-5102</li> </ul> | <p><b>Skin Care</b></p> <ul style="list-style-type: none"> <li>• Wound self care</li> <li>• Understands need of debridement</li> <li>• Wash legs thoroughly prior to dressing changes</li> <li>• Skin care (avoid soaking feet, clean and gently dry well between and under toes, avoid using cream between toes unless antifungal)</li> <li>• Nail care (suggest use of foot care specialist)</li> <li>• Encourage use of laundered white diabetic socks – to be changed daily</li> </ul> <p><b>Foot Inspection</b></p> <ul style="list-style-type: none"> <li>• Self foot and lower-leg assessment done daily (encourage use of mirror)<br/>‘Diabetes, Healthy Feet and You Brochure’ can be found at:<br/><a href="http://cawc.net/images/uploads/downloads/WoundCare_ENGLISH_AUG_2011.pdf">http://cawc.net/images/uploads/downloads/WoundCare_ENGLISH_AUG_2011.pdf</a></li> <li>• Encourage caregiver to assist in inspection</li> <li>• Remove shoes and socks of both feet at all medical visits to allow for professional foot inspection</li> </ul> <p><b>Community Supports</b></p> <ul style="list-style-type: none"> <li>• Community support groups (eg. Diabetic education and self- management sessions, walking groups, Southern Ontario Aboriginal Diabetes Initiative - SOADI)</li> <li>• Link to Waterloo Wellington Diabetes Directory can be found at<br/><a href="http://www.waterloowellingtondiabetes.ca/userContent/documents/Public-Resource%20Library/Waterloo%20Wellington%20Diabetes%20Directory%202015%20-%20proof%204.pdf">http://www.waterloowellingtondiabetes.ca/userContent/documents/Public-Resource%20Library/Waterloo%20Wellington%20Diabetes%20Directory%202015%20-%20proof%204.pdf</a></li> <li>• Other _____</li> </ul> |
| <p>Ability to self-manage optimized</p> | <p><b>Review for independence or need for ongoing assistance with the following:</b></p> <ul style="list-style-type: none"> <li>• Barriers to participate (transportation, socioeconomic, social environment, other co-morbidities)</li> <li>• Cognitive ability</li> <li>• Compression application and removal</li> <li>• Review importance and potential barriers to smoking cessation at every visit</li> <li>• Wound Care – Refer to guidelines at: <a href="http://www.oundcare.ca">www.oundcare.ca</a></li> <li>• Adequate Hygiene</li> <li>• Professional Foot care</li> <li>• Daily foot inspection with mirror(including bottom of foot and between toes)</li> </ul>  |  |

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|  | <ul style="list-style-type: none"> <li>• Home Environment</li> <li>• Review needs for assistance with ADL's</li> <li>• Social/Medical/Family/Employment obligations</li> <li>• Suggested website for review <a href="http://www.wselfmanagement.ca">www.wselfmanagement.ca</a></li> </ul>  |   |   |
| <p>Coping strategies implemented into plan of care</p>   | <p>Assess for:</p> <ul style="list-style-type: none"> <li>• Patient's concerns and fears (including practitioner dependence)</li> <li>• Signs of anxiety or other mental health issues (e.g., delusions, hallucinations, paranoid behaviour)</li> <li>• Depression screen using Geriatric Depression Scale assessment form –GDS15;</li> <li>• Suicide assessment if applicable</li> <li>• ETOH and illicit /recreational drug use</li> <li>• Check for availability for financial compensation (e.g. private insurance, ADP, veterans medical benefits, Ontario Disability Support Program –ODSP, Non-Insured Health Benefits -NIHB and Southern Ontario Aboriginal Diabetes Initiative – SOADI for First Nations people and Inuit)</li> </ul> |   |   |
| <p>Family and caregiver support identified and incorporated into plan of care</p>  | <p>Family/caregiver actively willing and able to participate in treatment plan</p>   |   |   |
| <p>Social supports/community resources currently utilized is integrated into plan of care</p>  | <ul style="list-style-type: none"> <li>• Family support</li> <li>• Check for availability for financial compensation (e.g. private insurance, veterans medical benefits, Ontario Disability Support Program –ODSP/Ontario Works, Non-Insured Health Benefits -NIHB and Southern Ontario Aboriginal Diabetes Initiative – SOADI for First Nations people and Inuit)</li> <li>• Eligibility for Assistive Devices Program (ADP [lymphedema only], ODSP, High-needs fund, Veterans Affairs Canada or Aboriginal Services)</li> <li>• Caregiver conflicts</li> <li>• Long or short term placement</li> </ul>   | <ul style="list-style-type: none"> <li>• Confirm that ongoing medication coverage is arranged<br/>Link to Trillium Drug Benefits<br/><a href="http://www.health.gov.on.ca/en/public/programs/drugs/programs/odb/opdp_trillium.aspx">http://www.health.gov.on.ca/en/public/programs/drugs/programs/odb/opdp_trillium.aspx</a></li> <li>• Family support</li> <li>• Funding</li> <li>• Community resources</li> <li>• Caregiver conflicts</li> <li>• Long or short term placement</li> <li>• Compression Fitters list go to:<br/><a href="http://www.woundcare.ca/106/">http://www.woundcare.ca/106/</a></li> </ul> |   |
| <p>Professional referrals are initiated</p>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Primary Care Physician</li> <li><input type="checkbox"/> Community Nursing</li> <li><input type="checkbox"/> Advanced Wound Specialist</li> <li><input type="checkbox"/> Nurse Practitioner</li> <li><input type="checkbox"/> Infectious Disease Specialist</li> <li><input type="checkbox"/> Vascular Surgeon</li> <li><input type="checkbox"/> Dermatologist</li> <li><input type="checkbox"/> Plastic surgeon</li> <li><input type="checkbox"/> Internist/Endocrinologist</li> </ul>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Mental Health Specialist</li> <li><input type="checkbox"/> Psychologists/Physchiatrist</li> <li><input type="checkbox"/> Social work</li> <li><input type="checkbox"/> Registered Dietitian</li> <li><input type="checkbox"/> Pharmacist</li> <li><input type="checkbox"/> Occupational Therapist</li> <li><input type="checkbox"/> Physiotherapist</li> <li><input type="checkbox"/> Physiatrist</li> </ul>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Chiroprapist</li> <li><input type="checkbox"/> Lymphatic Massage</li> <li><input type="checkbox"/> Compression Stocking Fitter</li> <li><input type="checkbox"/> Cardiologist</li> <li><input type="checkbox"/> Certified Pedorthist</li> <li><input type="checkbox"/> Certified Orthotists</li> <li><input type="checkbox"/> Certified Prosthetist</li> <li><input type="checkbox"/> Podiatrist</li> </ul> |
| <p>Physician/nurse practitioner orders received as required to change plan of care including agreeance to professional recommendations</p> |  |   |   |

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| <p><b>Appropriate documents shared</b></p> <ul style="list-style-type: none"> <li>• Identify need to reassess ABPI/TPBI in 6 months</li> <li>• Lower leg assessment results</li> <li>• Recent vascular study results (eg. ABPI, TPBI, Transcutaneous Oxygen Pressure(TcPo<sub>2</sub>), Laser Doppler Flowmetry, Doppler Arterial Waveforms or Segmental Doppler Pressure studies)</li> <li>• Relevant consultation notes</li> <li>• Diagnostic results</li> <li>• Post and current treatment and education plan</li> <li>• List of appropriate contact information for ongoing needs</li> </ul> <p><b>If wound closed send discharge summary outlining outstanding issues and teaching completed to:</b></p> <ul style="list-style-type: none"> <li>• Referral source</li> <li>• Most responsible physician (MRP)/nurse practitioner</li> </ul> | <ul style="list-style-type: none"> <li>• Acute care</li> <li>• Complex Continuing Care/Rehab</li> <li>• Long-term care</li> <li>• Community care</li> <li>• Primary care physician/Nurse Practitioner</li> <li>• Professionals referred to</li> <li>• Other _____</li> </ul> |
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| 8-21 Days Expected Outcomes  | Notes  |
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| <p>Most responsible physician/nurse practitioner identified/informed</p>   | <ul style="list-style-type: none"> <li>• Communication with primary care physician and/or Nurse Practitioner to update on any significant changes in patient's condition.</li> <li>• 'Care Connects' referral been completed if no responsible practitioner currently involved with patient</li> <li>• Determine if MRP/NP is part of family health team FHT or community health centre CHC and consider additional supports available</li> </ul>  |
| <p>Bilateral lower leg assessment completed</p>  | <p>Complete:</p> <ol style="list-style-type: none"> <li>1. ABPI/TPBI completed within last 3 mths and results documented</li> <li>2. If unable to obtain ABPI/TPBI, referral to medical imaging for vascular studies is recommended</li> <li>3. Repeat ABPI/TPBI assessment every 3 months if healing is not progressing</li> <li>4. Bilateral Lower Leg Assessment that includes: <ul style="list-style-type: none"> <li>• Leg measurements (foot, ankle, calf, thigh)</li> <li>• Nail changes (thicker, dry, crumbly, presence of fungal infection)</li> <li>• Assess interdigital spaces</li> <li>• Presence of callous or corns</li> <li>• Presence of varicosities (varicose veins)</li> <li>• Ankle Flare</li> <li>• Drainage on socks</li> <li>• Measurement of edema</li> <li>• Dermatological changes due to impaired blood flow</li> </ul> </li> </ol>   |
| <p>Assessment of wound performed and percentage of healing documented</p>  | <p>Complete:</p> <ul style="list-style-type: none"> <li>• Bates-Jensen Wound Assessment Tool (BWAT), Pressure Ulcer Scale for Healing (PUSH) <u>OR</u> Leg Ulcer Measurement Tool (LUMT)</li> <li>• Confirm wound etiology</li> <li>• Results of LLA and ABPI/TPBI</li> <li>• May have components of other etiologies (e.g. poor vascular flow either arterial or venous or both, pressure, friction, shear)</li> <li>• Measure and document size of wound</li> <li>• Document percentage of healing since admission e.g., progressing to 20 to 30%</li> <li>• Debridement by qualified professional</li> <li>• Assessment for infection (NERDS and STONEES)</li> <li>• Potential need for wound care specialist considered if wound healing is not progressing &amp; infection absent</li> <li>• Obtain photos following best practice as per framework for individual organization policies and procedures. Suggest following publication as guideline: <a href="http://mydigitalpublication.com/publication/?i=206722">http://mydigitalpublication.com/publication/?i=206722</a></li> </ul> |
| <p>Wound treatment/compression plan is being followed</p> <div data-bbox="96 1224 842 1377" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;"><b>Compression therapy is gold standard of care</b></p> <ul style="list-style-type: none"> <li>• Compression wraps for healing and 4 weeks after closure</li> <li>• Compression garments obtained when wound ~95% closed</li> <li>• Compression garments once closed and to continue for life</li> </ul> </div> | <p>Review:</p> <ul style="list-style-type: none"> <li>• Refer to Wound Bed Preparation Paradigm for wound healing</li> <li>• Wound Care link: <a href="http://www.woundcare.ca/105">http://www.woundcare.ca/105</a></li> <li>• Adherence to plan</li> <li>• Real or potential barriers to wound treatment plan</li> <li>• Identify appropriate footwear options related to compression wraps</li> <li>• Consider required referrals and follow up with previous referrals</li> <li>• Consider appropriate compression according to guidelines for ABPI/TBPI and LLA</li> <li>• Barriers to compression adherence including need for 'Compression For Life'</li> </ul>  |

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|   | <p style="text-align: center;"><b>***Initiation of compression therapy requires a lower leg assessment to be completed, ABPIs/TBPIs to be determined and results evaluated in addition to physician/NP order***</b></p>   |
| <p><b>Pain management reviewed</b></p>  | <p><b>Review for changes</b></p> <ul style="list-style-type: none"> <li>• Brief Pain Inventory Short Form (BPI-SF)</li> <li>• Identify type of pain             <ol style="list-style-type: none"> <li>1. Neuropathic Pain (described as burning, stinging, shooting, stabbing or hyperesthesia – sensitivity to touch). Suggested pharmaceutical treatment: Second generation tricyclic agents – e.g. Nortriptyline or Desipramine. If pain is not relieved try using Gabapentin or Pregabalin.</li> <li>2. Nociceptive Pain (described as sharp, aching or throbbing). Suggested pharmaceutical treatment: Non-Opioids – e.g. ASA or Acetaminophen, Mild Opioids – e.g. Codeine, Strong Opioids – e.g. Morphine or Oxycodone</li> </ol> </li> <li>• Obtain physician/nurse practitioner orders for pharmaceutical treatments (opioids and non-opioids)</li> <li>• Non-pharmacological pain control options</li> </ul> |
| <p><b>Medical/surgical history and co-morbidity management considered within care plan</b></p>  | <p><b>Review for changes</b></p>  |
| <p><b>Medication reconciliation and their impact on wound healing reviewed</b></p>  | <p><b>Review for changes</b></p> <ul style="list-style-type: none"> <li>• Prescription, non-prescription, naturopathic and illicit drug use</li> </ul>  |
| <p><b>Recent blood work and other diagnostic test results reviewed and implications for wound healing considered</b></p>  | <ul style="list-style-type: none"> <li>• Determine bloodwork and other diagnostic tests required</li> </ul>   |
| <p><b>Home Glycemic Control and Monitoring if diabetic</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p><b>Normal blood glucose ranges are needed for wound healing to occur</b></p> </div> | <ul style="list-style-type: none"> <li>• BS and A1C are within recommended range per responsible physician or NP</li> <li>• Use of glucose log book (Diabetes Passport)</li> <li>• Adequate insulin supplies</li> <li>• Glucometer and required supplies</li> <li>• Assess for barriers in monitoring glycemic control</li> </ul>   |
| <p><b>Bilateral lower leg assessment completed</b></p>  | <ol style="list-style-type: none"> <li>1. ABPI/TPBI completed within last 3 mths and results documented</li> <li>2. If unable to obtain ABPI/TPBI, referral to medical imaging for vascular studies is recommended</li> <li>3. Repeat ABPI/TPBI assessment every 3 months if healing is not progressing</li> <li>4. Bilateral Lower Leg Assessment that includes:             <ul style="list-style-type: none"> <li>• Leg measurements (foot, ankle, calf, thigh)</li> <li>• Nail changes (thicker, dry, crumbly, presence of fungal infection)</li> <li>• Assess interdigital spaces</li> <li>• Presence of callous or corns</li> <li>• Presence of varicosities (varicose veins)</li> <li>• Ankle Flare</li> <li>• Drainage on socks</li> <li>• Measurement of edema</li> <li>• Dermatological changes due to impaired blood flow</li> </ul> </li> </ol>   |
| <p><b>Patient’s nutritional status optimized</b></p>  | <p><b>Review:</b></p> <ul style="list-style-type: none"> <li>• Review recent Dietary Consult if applicable</li> <li>• Recent blood work results</li> <li>• Significant weight changes</li> <li>• Adherence to diet plan</li> <li>• Identify barriers/risk factors to healthy eating</li> </ul>  |



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| <p>Patient and caregiver concerns and goals integrated into the care plan and shared with care team</p> | <p>Review for changes</p> <ul style="list-style-type: none"> <li>• Cardiff Wound Impact Questionnaire; OR World Health Organization Quality of Life (WHOQOL) form</li> </ul>   |   |
| <p>Patient counselled on the benefit of activity, rest and leg elevation for wound healing</p>          | <p>Review for changes:</p> <ul style="list-style-type: none"> <li>• Recent changes in overall activity level</li> <li>• Daily routine</li> <li>• Personal assistance available to perform activities of daily living</li> <li>• Manual dexterity of hands for application and removal of compression</li> <li>• Ankle range of motion allowing for calf muscle pump to function - consider PT referral for assessment</li> <li>• Determine where patient sleeps at night</li> <li>• Mobility and dexterity aids currently being used</li> <li>• Safety of transfers</li> <li>• Recommendations for exercise and leg elevation above level of the heart – encourage walking</li> </ul>  |   |
| <p>Patient/caregiver educational needs reviewed using ‘teach-back’ method</p>                           | <p><b>Activity</b></p> <ul style="list-style-type: none"> <li>• Leg elevation</li> <li>• Calf-muscle exercises</li> </ul> <p><b>Safety</b></p> <ul style="list-style-type: none"> <li>• Encourage appropriate footwear should be worn at all times when weight bearing as discussed with foot care specialist</li> <li>• Prevention of injury – avoid extremes (hot/cold, loose/tight)</li> <li>• When to call primary care giver (eg. signs and symptoms of infection, deep vein thrombosis, cellulitis, impaired blood flow, difficulties with compression)</li> <li>• Examination of footwear, orthotics and offloading devices for foreign objects, wear pattern, pressure points and presence of wound drainage</li> </ul> <p><b>Compression</b></p> <ul style="list-style-type: none"> <li>• Compression ‘for life’ if applicable</li> <li>• Risks of compression</li> <li>• Compression application and removal</li> <li>• Remove compression stockings at bedtime when legs are elevated and re-apply before ambulating in a.m.</li> </ul> <p><b>Lifestyle</b></p> <ul style="list-style-type: none"> <li>• Smoking and e-cigarette cessation with goal to be nicotine-free<br/>Smoking Cessation Best Practice Guidelines can be found at:<br/><a href="http://rnao.ca/sites/rnao-ca/files/Integrating_Smoking_Cessation_into_Daily_Nursing_Practice.pdf">http://rnao.ca/sites/rnao-ca/files/Integrating_Smoking_Cessation_into_Daily_Nursing_Practice.pdf</a></li> <li>• Pain management</li> <li>• Rest/Activity</li> </ul> | <p><b>Diagnostic testing</b></p> <ul style="list-style-type: none"> <li>• Target ranges for A1C, Blood sugar and cholesterol levels</li> </ul> <p><b>Skin Care</b></p> <ul style="list-style-type: none"> <li>• Wound self care</li> <li>• Understands need of debridement</li> <li>• Wash legs thoroughly prior to dressing changes</li> <li>• Skin care (avoid soaking feet, clean and gently dry well between and under toes, avoid using cream between toes unless antifungal)</li> <li>• Nail care (suggest use of foot care specialist)</li> <li>• Encourage use of laundered white diabetic socks – to be changed daily</li> </ul> <p><b>Foot Inspection</b></p> <ul style="list-style-type: none"> <li>• Self foot and lower-leg assessment done daily (encourage use of mirror)</li> <li>• ‘Diabetes, Healthy Feet and You Brochure’ can be found at:<br/><a href="http://cawc.net/images/uploads/downloads/WoundCare_ENGLISH_AUG_2011.pdf">http://cawc.net/images/uploads/downloads/WoundCare_ENGLISH_AUG_2011.pdf</a></li> <li>• Link to EatRight Ontario to talk to dietician</li> <li>• <a href="http://www.eatrightontario.ca">www.eatrightontario.ca</a> 1-877-510-5102</li> <li>• Encourage caregiver to assist in inspection</li> <li>• Remove shoes and socks of both feet at all medical visits to allow for professional foot inspection</li> </ul> <p><b>Community Supports</b></p> <ul style="list-style-type: none"> <li>• Community support groups (eg. Diabetic education and self- management sessions, walking groups, Southern Ontario Aboriginal Diabetes Initiative - SOADI)</li> <li>• Link to Waterloo Wellington Diabetes Directory can be found at<br/><a href="http://www.waterloowellingtondiabetes.ca/us">http://www.waterloowellingtondiabetes.ca/us</a></li> </ul> |

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|  | <p><b>Dietary</b></p> <ul style="list-style-type: none"> <li>• Dietary requirements as per dietician directions</li> <li>• Blood glucose testing and recording in diary</li> </ul>  | <p>erContent/documents/Public-Resource%20Library/Waterloo%20Wellington%20Diabetes%20Directory%202015%20-%20proof%204.pdf</p> <ul style="list-style-type: none"> <li>• Other _____</li> </ul>  |
| <p><b>Ability to self-manage optimized</b></p>   | <p><b>Review for independence or need for ongoing assistance with the following:</b></p> <ul style="list-style-type: none"> <li>• Barriers to participate (transportation, socioeconomic, social environment, other co-morbidities)</li> <li>• Cognitive ability</li> <li>• Compression application and removal</li> <li>• Review importance and potential barriers to smoking cessation at every visit</li> <li>• Wound Care – Refer to guidelines at: <a href="http://www.oundcare.ca">www.oundcare.ca</a></li> <li>• Adequate Hygeine</li> <li>• Professional Foot care</li> <li>• Daily foot inspection with mirror(including bottom of foot and between toes)</li> <li>• Home Enviroment</li> <li>• Review needs for assistance with ADL’s</li> <li>• Social/Medical/Family/Employment obligations</li> <li>• Suggested website for review <a href="http://www.wselfmanagement.ca">www.wselfmanagement.ca</a></li> </ul> |   |
| <p><b>Coping strategies implemented into plan of care</b></p>  | <p><b>Review for changes</b></p> <ul style="list-style-type: none"> <li>• Patient’s concerns and fears (including practitioner dependence)</li> <li>• Signs of anxiety or other mental health issues (e.g., delusions, hallucinations, paranoid behaviour)</li> <li>• Depression screen using Geriatric Depression Scale assessment form –GDS15;</li> <li>• Suicide assessment if applicable</li> <li>• ETOH and illicit /recreational drug use</li> <li>• Check for availability for financial compensation (e.g. private insurance, ADP, veterans medical benefits, Ontario Disability Support Program –ODSP, Non-Insured Health Benefits -NIHB and Southern Ontario Aboriginal Diabetes Initiative – SOADI for First Nations people and Inuit)</li> </ul>  |   |
| <p><b>Family and caregiver support identified and incorporated into plan of care</b></p>             | <p><b>Review:</b></p> <ul style="list-style-type: none"> <li>• Availability of assistance required</li> </ul>   |   |
| <p><b>Social supports/community resources currently utilized is integrated into plan of care</b></p> | <p><b>Review:</b></p> <ul style="list-style-type: none"> <li>• Family support</li> <li>• Check for availability for financial compensation (e.g. private insurance, veterans medical benefits, Ontario Disability Support Program –ODSP/Ontario Works, Non-Insured Health Benefits -NIHB and Southern Ontario Aboriginal Diabetes Initiative – SOADI for First Nations people and Inuit)</li> <li>• Eligibility for Assistive Devices Program (ADP [lymphedema only], ODSP, High-needs fund, Veterans Affairs Canada or</li> </ul>  | <ul style="list-style-type: none"> <li>• Caregiver conflicts</li> <li>• Long or short term placement</li> <li>• Confirm that ongoing medication coverage is arranged<br/>Link to Trillium Drug Benefits<br/><a href="http://www.health.gov.on.ca/en/public/programs/drugs/programs/odb/opdp_trillium.aspx">http://www.health.gov.on.ca/en/public/programs/drugs/programs/odb/opdp_trillium.aspx</a></li> <li>• Family support</li> <li>• Funding</li> <li>• Community resources</li> <li>• Caregiver conflicts</li> <li>• Long or short term placement</li> </ul> |

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|   | <b>Aboriginal Services)</b>   |   | <ul style="list-style-type: none"> <li>• <b>Compression Fitters list go to:</b><br/> <a href="http://www.woundcare.ca/106/">http://www.woundcare.ca/106/</a> </li> </ul>  |
| <b>Professional referrals are reviewed</b>  | <input type="checkbox"/> Primary Care Physician<br><input type="checkbox"/> Community Nursing<br><input type="checkbox"/> Advanced Wound Specialist<br><input type="checkbox"/> Nurse Practitioner<br><input type="checkbox"/> Infectious Disease Specialist<br><input type="checkbox"/> Vascular Surgeon<br><input type="checkbox"/> Dermatologist<br><input type="checkbox"/> Plastic surgeon<br><input type="checkbox"/> Internist/Endocrinologist | <input type="checkbox"/> Mental Health Specialist<br><input type="checkbox"/> Psychologists/Physchiatrist<br><input type="checkbox"/> Social work<br><input type="checkbox"/> Registered Dietitian<br><input type="checkbox"/> Pharmacist<br><input type="checkbox"/> Occupational Therapist<br><input type="checkbox"/> Physiotherapist<br><input type="checkbox"/> Physiatriist | <input type="checkbox"/> Chiroprdist<br><input type="checkbox"/> Lymphatic Massage<br><input type="checkbox"/> Compression Stocking Fitter<br><input type="checkbox"/> Cardiologist<br><input type="checkbox"/> Certified Pedorothist<br><input type="checkbox"/> Certified Orthotists<br><input type="checkbox"/> Certified Prosthetist<br><input type="checkbox"/> Podiatrist |
| <b>Physician/nurse practitioner orders received as required to change plan of care including agreeance to professional recommendations</b>  |   |   |   |
| <b>Appropriate documents shared</b> <ul style="list-style-type: none"> <li>• Identify need to reassess ABPI/TPBI in 6 months</li> <li>• Lower leg assessment results</li> <li>• Recent vascular study results (eg. ABPI, TPBI, Transcutaneous Oxygen Pressure(TcPo<sub>2</sub>), Laser Doppler Flowmetry, Doppler Arterial Waveforms or Segmental Doppler Pressure studies)</li> <li>• Relevant consultation notes</li> <li>• Diagnostic results</li> <li>• Post and current treatment and education plan</li> <li>• List of appropriate contact information for ongoing needs</li> </ul> <p><b>If wound closed send discharge summary outlining outstanding issues and teaching completed to:</b></p> <ul style="list-style-type: none"> <li>• Referral source</li> <li>• Most responsible physician (MRP)/nurse practitioner</li> </ul> | <ul style="list-style-type: none"> <li>• Acute care</li> <li>• Complex Continuing Care/Rehab</li> <li>• Long-term care</li> <li>• Community care</li> <li>• Primary care physician/Nurse Practioner</li> <li>• Professionals referred to</li> <li>• Other _____</li> </ul>  |   |   |

| 22-28 Days Expected Outcomes   | Notes   |
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| <p>Most responsible physician/nurse practitioner identified/informed</p>   | <ul style="list-style-type: none"> <li>• Communication with primary care physician and/or Nurse Practitioner to update on any significant changes in patient's condition.</li> <li>• 'Care Connects' referral been completed if no responsible practitioner currently involved with patient</li> <li>• Determine if MRP/NP is part of family health team (FHT) or community health centre (CHC) and consider additional supports available</li> </ul>   |
| <p>Assessment of wound performed and percentage of healing documented</p> <div data-bbox="96 440 842 586" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>If wounds are not 30% smaller by week 4, they are unlikely to heal at week 12. Change in care plan may be required. Consider use of antibiotics.</p> </div>   | <p><b>Complete:</b></p> <ul style="list-style-type: none"> <li>• Bates-Jensen Wound Assessment Tool (BWAT), Pressure Ulcer Scale for Healing (PUSH) <u>OR</u> Leg Ulcer Measurement Tool (LUMT)</li> <li>• Confirm wound etiology</li> <li>• Results of LLA and ABPI/TPBI</li> <li>• May have components of other etiologies (e.g. poor vascular flow either arterial or venous or both, pressure, friction, shear)</li> <li>• Measure and document size of wound</li> <li>• Document percentage of healing since admission e.g., progressing to 20 to 30%</li> <li>• Debridement by qualified professional</li> <li>• Assessment for infection (NERDS and STONEES)</li> <li>• Potential need for wound care specialist considered if wound healing is not progressing &amp; infection absent</li> <li>• Obtain photos following best practice as per framework for individual organization policies and procedures. Suggest following publication as guideline:<br/><a href="http://mydigitalpublication.com/publication/?i=206722">http://mydigitalpublication.com/publication/?i=206722</a></li> </ul> |
| <p>Wound treatment/compression plan is being followed</p> <div data-bbox="96 865 842 1011" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">Compression therapy is gold standard of care</p> <ul style="list-style-type: none"> <li>• Compression wraps for healing and 4 weeks after closure</li> <li>• Compression garments obtained when wound ~95% closed</li> <li>• Compression garments once closed and to continue for life</li> </ul> </div> | <p><b>Review:</b></p> <ul style="list-style-type: none"> <li>• Refer to Wound Bed Preparation Paradigm for wound healing</li> <li>• Wound Care link: <a href="http://www.woundcare.ca/105">http://www.woundcare.ca/105</a></li> <li>• Adherence to plan</li> <li>• Real or potential barriers to wound treatment plan</li> <li>• Identify appropriate footwear options related to compression wraps</li> <li>• Consider required referrals and follow up with previous referrals</li> <li>• Consider appropriate compression according to guidelines for ABPI/TBPI and LLA</li> <li>• Barriers to compression adherence including need for 'Compression For Life'</li> </ul> <div data-bbox="867 1078 1940 1159" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>***Initiation of compression therapy requires a lower leg assessment to be completed, ABPIs/TBPIs to be determined and results evaluated in addition to physician/NP order***</b></p> </div>   |
| <p>Pain management reviewed</p>  | <p><b>Review for changes</b></p> <ul style="list-style-type: none"> <li>• Brief Pain Inventory Short Form (BPI-SF)</li> <li>• Identify type of pain             <ol style="list-style-type: none"> <li>1. Neuropathic Pain (described as burning, stinging, shooting, stabbing or hyperesthesia – sensitivity to touch). Suggested pharmaceutical treatment: Second generation tricyclic agents – e.g. Nortriptyline or Desipramine. If pain is not relieved try using Gabapentin or Pregabalin.</li> <li>2. Nociceptive Pain (described as sharp, aching or throbbing). Suggested pharmaceutical treatment: Non-Opioids – e.g. ASA or Acetaminophen, Mild Opioids – e.g. Codeine, Strong Opioids – e.g. Morphine or Oxycodone</li> </ol> </li> <li>• Obtain physician/nurse practitioner orders for analgesics required pharmaceutical treatments (opioids and non-opioids)</li> <li>• Non-pharmacological pain control options</li> </ul>   |

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| <p>Medical/surgical history and co-morbidity management considered within care plan</p>  | <p>Review for changes</p>  |  |
| <p>Medication reconciliation and their impact on wound healing reviewed</p>  | <p>Review for changes</p> <ul style="list-style-type: none"> <li>• Prescription, non-prescription, naturopathic and illicit drug use</li> </ul>  |  |
| <p>Recent blood work and other diagnostic test results reviewed and implications for wound healing considered</p>  | <ul style="list-style-type: none"> <li>• Determine bloodwork and other diagnostic tests required</li> </ul>  |  |
| <p>Home Glycemic Control and Monitoring if diabetic</p> <div data-bbox="237 407 678 509" style="border: 1px solid black; background-color: #d9e1f2; padding: 5px; margin: 10px auto; width: fit-content;"> <p>Normal blood glucose ranges are needed for wound healing to occur</p> </div> | <ul style="list-style-type: none"> <li>• BS and A1C are within recommended range per responsible physician or NP</li> <li>• Use of glucose log book (Diabetes Passport)</li> <li>• Adequate insulin supplies</li> <li>• Glucometer and required supplies</li> <li>• Assess for barriers in monitoring glycemic control</li> </ul>  |  |
| <p>Bilateral lower leg assessment completed</p>  | <ul style="list-style-type: none"> <li>• ABPI/TPBI completed within last 3 mths and results documented</li> <li>• Bilateral Lower Leg Assessment that includes: <ul style="list-style-type: none"> <li>• Leg measurements (foot, ankle, calf, thigh)</li> <li>• Nail changes (thicker, dry, crumbly, presence of fungal infection)</li> <li>• Assess interdigital spaces</li> <li>• Presence of callous or corns</li> <li>• Presence of varicosities (varicose veins)</li> <li>• Ankle Flare</li> <li>• Drainage on socks</li> <li>• Measurement of edema</li> <li>• Repeat ABPI/TPBI assessment every 3 months months if healing is not progressing</li> <li>• Dermatological changes due to impaired blood flow</li> </ul> </li> </ul> |  |
| <p>Patient’s nutritional status optimized</p>  | <p>Review:</p> <ul style="list-style-type: none"> <li>• Review recent Dietary Consult if applicable</li> <li>• Recent blood work results</li> <li>• Significant weight changes</li> <li>• Adherence to diet plan</li> <li>• Identify barriers/risk factors to healthy eating</li> </ul>  |  |
| <p>Patient and caregiver concerns and goals integrated into the care plan and shared with care team</p>  | <p>Review for changes</p> <ul style="list-style-type: none"> <li>• Cardiff Wound Impact Questionnaire; OR World Health Organization Quality of Life (WHOQOL) form</li> </ul>   |  |
| <p>Patient counselled on the benefit of activity rest, and leg elevation for wound healing</p>   | <p>Review for changes:</p> <ul style="list-style-type: none"> <li>• Recent changes in overall activity level</li> <li>• Daily routine</li> <li>• Personal assistance available to perform activities of daily living</li> <li>• Manual dexterity of hands for application and removal of compression</li> <li>• Ankle range of motion allowing for calf muscle pump to function - consider PT referral for assessment</li> <li>• Determine where patient sleeps at night</li> <li>• Mobility and dexterity aids currently being used</li> <li>• Safety of transfers</li> <li>• Recommendations for exercise and leg elevation above level of the heart – encourage walking</li> </ul>  |  |
| <p>Patient/caregiver educational needs reviewed using ‘teach-back’ method</p>  | <p>Activity</p> <ul style="list-style-type: none"> <li>• Leg elevation</li> </ul>  | <p>Diagnostic testing</p> <ul style="list-style-type: none"> <li>• Target ranges for A1C, Blood sugar and</li> </ul> |

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|   | <ul style="list-style-type: none"> <li>• Calf-muscle exercises</li> </ul> <p><b>Safety</b></p> <ul style="list-style-type: none"> <li>• Encourage appropriate footwear should be worn at all times when weight bearing as discussed with foot care specialist</li> <li>• Prevention of injury – avoid extremes (hot/cold, loose/tight)</li> <li>• When to call primary care giver (eg. signs and symptoms of infection, deep vein thrombosis, cellulitis, impaired blood flow, difficulties with compression)</li> <li>• Examination of footwear, orthotics and offloading devices for foreign objects, wear pattern, pressure points and presence of wound drainage</li> </ul> <p><b>Compression</b></p> <ul style="list-style-type: none"> <li>• Compression ‘for life’ if applicable</li> <li>• Risks of compression</li> <li>• Compression application and removal</li> <li>• Remove compression stockings at bedtime when legs are elevated and re-apply before ambulating in a.m.</li> </ul> <p><b>Lifestyle</b></p> <ul style="list-style-type: none"> <li>• Smoking and e-cigarette cessation with goal to be nicotine-free<br/>Smoking Cessation Best Practice Guidelines can be found at:<br/><a href="http://rnao.ca/sites/rnao-ca/files/Integrating_Smoking_Cessation_into_Daily_Nursing_Practice.pdf">http://rnao.ca/sites/rnao-ca/files/Integrating_Smoking_Cessation_into_Daily_Nursing_Practice.pdf</a></li> <li>• Pain management</li> <li>• Rest/Activity</li> </ul> <p><b>Dietary</b></p> <ul style="list-style-type: none"> <li>• Dietary requirements as per dietician directions</li> <li>• Blood glucose testing and recording in diary</li> <li>• Link to EatRight Ontario to talk to dietician<br/><a href="http://www.eatrightontario.ca">www.eatrightontario.ca</a> 1-877-510-5102</li> </ul> | <p>cholesterol levels</p> <p><b>Skin Care</b></p> <ul style="list-style-type: none"> <li>• Wound self care</li> <li>• Understands need of debridement</li> <li>• Wash legs thoroughly prior to dressing changes</li> <li>• Skin care (avoid soaking feet, clean and gently dry well between and under toes, avoid using cream between toes unless antifungal)</li> <li>• Nail care (suggest use of foot care specialist)</li> <li>• Encourage use of laundered white diabetic socks – to be changed daily</li> </ul> <p><b>Foot Inspection</b></p> <ul style="list-style-type: none"> <li>• Self foot and lower-leg assessment done daily<br/>(encourage use of mirror)<br/>‘Diabetes, Healthy Feet and You Brochure’ can be found at:<br/><a href="http://cawc.net/images/uploads/downloads/WoundCare_ENGLISH_AUG_2011.pdf">http://cawc.net/images/uploads/downloads/WoundCare_ENGLISH_AUG_2011.pdf</a></li> <li>• Encourage caregiver to assist in inspection</li> <li>• Remove shoes and socks of both feet at all medical visits to allow for professional foot inspection</li> </ul> <p><b>Community Supports</b></p> <ul style="list-style-type: none"> <li>• Community support groups (eg. Diabetic education and self- management sessions, walking groups, Southern Ontario Aboriginal Diabetes Initiative - SOADI)</li> <li>• Link to Waterloo Wellington Diabetes Directory can be found at<br/><a href="http://www.waterloowellingtondiabetes.ca/userContent/documents/Public-Resource%20Library/Waterloo%20Wellington%20Diabetes%20Directory%202015%20-%20proof%204.pdf">http://www.waterloowellingtondiabetes.ca/userContent/documents/Public-Resource%20Library/Waterloo%20Wellington%20Diabetes%20Directory%202015%20-%20proof%204.pdf</a></li> <li>• Other _____</li> </ul> |
| <p>Ability to self-manage optimized</p> | <p>Review for independence or need for ongoing assistance with the following:</p> <ul style="list-style-type: none"> <li>• Barriers to participate (transportation, socioeconomic, social environment, other co-morbidities)</li> <li>• Cognitive ability</li> <li>• Compression application and removal</li> <li>• Review importance and potential barriers to smoking cessation at every visit</li> <li>• Wound Care – Refer to guidelines at: <a href="http://www.oundcare.ca">www.oundcare.ca</a></li> <li>• Adequate Hygiene</li> <li>• Professional Foot care</li> </ul>   |  |

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|  | <ul style="list-style-type: none"> <li>• Daily foot inspection with mirror(including bottom of foot and between toes)</li> <li>• Home Environment</li> <li>• Review needs for assistance with ADL's</li> <li>• Social/Medical/Family/Employment obligations</li> <li>• Suggested website for review <a href="http://www.wselfmanagement.ca">www.wselfmanagement.ca</a></li> </ul>  |  |   |
| Coping strategies implemented into plan of care  | <p>Review for changes</p> <ul style="list-style-type: none"> <li>• Patient's concerns and fears (including practitioner dependence)</li> <li>• Signs of anxiety or other mental health issues (e.g., delusions, hallucinations, paranoid behaviour)</li> <li>• Depression screen using Geriatric Depression Scale assessment form –GDS15;</li> <li>• Suicide assessment if applicable</li> <li>• ETOH and illicit /recreational drug use</li> <li>• Check for availability for financial compensation (e.g. private insurance, ADP, veterans medical benefits, Ontario Disability Support Program –ODSP, Non-Insured Health Benefits - NIHB and Southern Ontario Aboriginal Diabetes Initiative – SOADI for First Nations people and Inuit)</li> </ul> |  |   |
| Family and caregiver support identified and incorporated into plan of care             | <p>Review:</p> <ul style="list-style-type: none"> <li>• Availability of assistance required</li> </ul>   |  |   |
| Social supports/community resources currently utilized is integrated into plan of care | <ul style="list-style-type: none"> <li>• Family support</li> <li>• Check for availability for financial compensation (e.g. private insurance, veterans medical benefits, Ontario Disability Support Program – ODSP/Ontario Works, Non-Insured Health Benefits -NIHB and Southern Ontario Aboriginal Diabetes Initiative – SOADI for First Nations people and Inuit)</li> <li>• Eligibility for Assistive Devices Program (ADP [lymphedema only], ODSP, High-needs fund, Veterans Affairs Canada or Aboriginal Services)</li> <li>• Caregiver conflicts</li> <li>• Long or short term placement</li> </ul>  | <ul style="list-style-type: none"> <li>• Confirm that ongoing medication coverage is arranged</li> <li>• Link to Trillium Drug Benefits <a href="http://www.health.gov.on.ca/en/public/programs/drugs/programs/odb/opdp_trillium.a.spx">http://www.health.gov.on.ca/en/public/programs/drugs/programs/odb/opdp_trillium.a.spx</a></li> <li>• Family support</li> <li>• Funding</li> <li>• Community resources</li> <li>• Caregiver conflicts</li> <li>• Long or short term placement</li> <li>• Compression Fitters list go to: <a href="http://www.woundcare.ca/106/">http://www.woundcare.ca/106/</a></li> </ul> |   |
| Assistance provided for financial concerns patient is experiencing                     | <p>Review:</p> <ul style="list-style-type: none"> <li>• Private insurance availability</li> <li>• Eligibility for ADP [lymphedema only], ODSP, High-needs fund, Veterans Affairs Canada or Aboriginal Services</li> </ul>  |  |   |
| Professional referral status reviewed  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Primary Care Physician</li> <li><input type="checkbox"/> Community Nursing</li> <li><input type="checkbox"/> Advanced Wound Specialist</li> <li><input type="checkbox"/> Nurse Practitioner</li> <li><input type="checkbox"/> Infectious Disease Specialist</li> <li><input type="checkbox"/> Vascular Surgeon</li> <li><input type="checkbox"/> Dermatologist</li> <li><input type="checkbox"/> Plastic surgeon</li> </ul>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Mental Health Specialist</li> <li><input type="checkbox"/> Psychologists/Physchiatrist</li> <li><input type="checkbox"/> Social work</li> <li><input type="checkbox"/> Registered Dietitian</li> <li><input type="checkbox"/> Pharmacist</li> <li><input type="checkbox"/> Occupational Therapist</li> <li><input type="checkbox"/> Physiotherapist</li> <li><input type="checkbox"/> Psychiatrist</li> </ul>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Chiropodist</li> <li><input type="checkbox"/> Lymphatic Massage</li> <li><input type="checkbox"/> Compression Stocking Fitter</li> <li><input type="checkbox"/> Cardiologist</li> <li><input type="checkbox"/> Certified Pedorothist</li> <li><input type="checkbox"/> Certified Orthotists</li> <li><input type="checkbox"/> Certified Prosthetist</li> <li><input type="checkbox"/> Podiatrist</li> </ul> |

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|  | <input type="checkbox"/> <b>Internist/Endocrinologist</b>  |  |  |
| <b>Physician/nurse practitioner orders received as required to change plan of care including agreeance to professional recommendations</b>   |  |  |  |
| <p><b>Appropriate documents shared</b></p> <ul style="list-style-type: none"> <li>• Identify need to reassess ABPI/TPBI in 6 months</li> <li>• Lower leg assessment results</li> <li>• Recent vascular study results (eg. ABPI, TPBI, Transcutaneous Oxygen Pressure(TcPo<sub>2</sub>), Laser Doppler Flowmetry, Doppler Arterial Waveforms or Segmental Doppler Pressure studies)</li> <li>• Relevant consultation notes</li> <li>• Diagnostic results</li> <li>• Post and current treatment and education plan</li> <li>• List of appropriate contact information for ongoing needs</li> </ul> <p><b>If wound closed send discharge summary outlining outstanding issues and teaching completed to:</b></p> <ul style="list-style-type: none"> <li>• Referral source</li> <li>• Most responsible physician (MRP)/nurse practitioner</li> </ul> | <ul style="list-style-type: none"> <li>• Acute care</li> <li>• Complex Continuing Care/Rehab</li> <li>• Long-term care</li> <li>• Community care</li> <li>• Primary care physician/Nurse Practitioner</li> <li>• Professionals referred to</li> <li>• Other _____</li> </ul> |  |  |



| 77-84 Days Expected Outcomes  | Notes   |
|---|---|
| <p>Most responsible physician/nurse practitioner identified/informed</p>  | <ul style="list-style-type: none"> <li>• Communication with primary care physician and/or Nurse Practitioner to update on any significant changes in patient's condition.</li> <li>• 'Care Connects' referral been completed if no responsible practitioner currently involved with patient</li> <li>• Determine if MRP/NP is part of family health team (FHT) or community health centre (CHC) and consider additional supports available</li> </ul>   |
| <p>Assessment of wound performed and percentage of healing documented</p> <div data-bbox="94 440 842 586" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>If wounds are not 30% smaller by week 4, they are unlikely to heal at week 12. Change in care plan may be required. Consider use of antibiotics.</p> </div>  | <p><b>Complete:</b></p> <ul style="list-style-type: none"> <li>• Bates-Jensen Wound Assessment Tool (BWAT), Pressure Ulcer Scale for Healing (PUSH) <u>OR</u> Leg Ulcer Measurement Tool (LUMT)</li> <li>• Reassess wound etiology (Ulcers with atypical site and appearance such as rolled edges, or non-healing ulcers with a raised ulcer bed should be referred for biopsy)</li> <li>• Assessment for infection (NERDS and STONEES)</li> <li>• Results of LLA and ABPI/TPBI</li> <li>• May have components of other etiologies (e.g. poor vascular flow either arterial or venous or both, pressure, friction, sheer)</li> <li>• Measure and document size of wound</li> <li>• Document percentage of healing since admission e.g., progressing to 20 to 30%</li> <li>• Debridement by qualified professional</li> <li>• Assessment for infection (NERDS and STONEES)</li> <li>• Potential need for wound care specialist considered if wound healing is not progressing &amp; infection absent</li> <li>• Obtain photos following best practice as per framework for individual organization policies and procedures. Suggest following publication as guideline: <a href="http://mydigitalpublication.com/publication/?i=206722">http://mydigitalpublication.com/publication/?i=206722</a></li> </ul> |
| <p>Wound treatment/compression plan is being followed</p> <div data-bbox="94 865 842 1016" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;"><b>Compression therapy is gold standard of care</b></p> <ul style="list-style-type: none"> <li>• Compression wraps for healing and 4 weeks after closure</li> <li>• Compression garments obtained when wound ~95% closed</li> <li>• Compression garments once closed and to continue for life</li> </ul> </div> | <p><b>Review:</b></p> <ul style="list-style-type: none"> <li>• Refer to Wound Bed Preparation Paradigm for wound healing</li> <li>• Wound Care link: <a href="http://www.woundcare.ca/105/">http://www.woundcare.ca/105/</a></li> <li>• Adherence to plan</li> <li>• Real or potential barriers to wound treatment and compression plan including 'Compression for Life'</li> <li>• Identify appropriate footwear options related to compression wraps</li> <li>• Consider appropriate compression according to guidelines for ABPI/TBPI and LLA</li> </ul> <div data-bbox="884 1016 1948 1101" style="border: 1px solid black; padding: 5px; margin-top: 10px; background-color: #e0e0ff;"> <p style="text-align: center;"><b>***Initiation of compression therapy requires a lower leg assessment to be completed, ABPIs/TBPIs to be determined and results evaluated in addition to physician/NP order***</b></p> </div>   |
| <p>Pain management reviewed</p>   | <p><b>Review for changes</b></p> <ul style="list-style-type: none"> <li>• Brief Pain Inventory Short Form (BPI-SF)</li> <li>• Identify type of pain             <ol style="list-style-type: none"> <li>1. Neuropathic Pain (described as burning, stinging, shooting, stabbing or hyperesthesia – sensitivity to touch). Suggested pharmaceutical treatment: Second generation tricyclic agents – e.g. Nortriptyline or Desipramine. If pain is not relieved try using Gabapentin or Pregabalin.</li> <li>2. Nociceptive Pain (described as sharp, aching or throbbing). Suggested pharmaceutical treatment: Non-Opioids – e.g. ASA or Acetaminophen, Mild Opioids – e.g. Codeine, Strong Opioids – e.g. Morphine or Oxycodone</li> </ol> </li> <li>• Obtain physician/nurse practitioner orders for pharmaceutical treatments (opioids and non-opioids)</li> <li>• Non-pharmacological pain control options</li> </ul>   |
| <p>Medical/surgical history and co-morbidity management considered within care plan</p>   | <p>Confirm there are no changes</p>   |

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| <p>Medication reconciliation and their impact on wound healing reviewed</p>  | <p>Confirm there are no changes</p> <ul style="list-style-type: none"> <li>• Prescription, non-prescription, naturopathic and illicit drug use</li> </ul>   |   |
| <p>Recent blood work and other diagnostic test results reviewed and implications for wound healing considered</p>  | <ul style="list-style-type: none"> <li>• Determine bloodwork and other diagnostic tests required</li> </ul>   |   |
| <p>Home Glycemic Control and Monitoring if diabetic</p> <div data-bbox="235 345 676 449" style="border: 1px solid black; background-color: #d9e1f2; padding: 5px; margin: 10px auto; width: fit-content;"> <p>Normal blood glucose ranges are needed for wound healing to occur</p> </div> | <ul style="list-style-type: none"> <li>• BS and A1C are within recommended range per responsible physician or NP</li> <li>• Use of glucose log book (Diabetes Passport)</li> <li>• Adequate insulin supplies</li> <li>• Glucometer and required supplies</li> <li>• Assess for barriers in monitoring glycemic control</li> </ul>   |   |
| <p>Bilateral lower leg assessment completed</p>  | <ol style="list-style-type: none"> <li>1. ABPI/TPBI completed within last 3 mths and results documented</li> <li>2. If unable to obtain ABPI/TPBI, referral to medical imaging for vascular studies is recommended</li> <li>3. Repeat ABPI/TPBI assessment every 3 months if healing is not progressing</li> <li>4. Bilateral Lower Leg Assessment that includes: <ul style="list-style-type: none"> <li>• Leg measurements (foot, ankle, calf, thigh)</li> <li>• Nail changes (thicker, dry, crumbly, presence of fungal infection)</li> <li>• Assess interdigital spaces</li> <li>• Presence of callous or corns</li> <li>• Presence of varicosities (varicose veins)</li> <li>• Ankle Flare</li> <li>• Drainage on socks</li> <li>• Measurement of edema</li> <li>• Dermatological changes due to impaired blood flow</li> </ul> </li> </ol> |   |
| <p>Patient’s nutritional status optimized</p>  | <p>Review:</p> <ul style="list-style-type: none"> <li>• Review recent Dietary Consult if applicable</li> <li>• Recent blood work results</li> <li>• Significant weight changes</li> <li>• Adherence to diet plan</li> <li>• Identify barriers/risk factors to healthy eating</li> </ul>   |   |
| <p>Patient and caregiver concerns and goals integrated into the care plan and shared with care team</p>  | <p>Confirm there are no changes:</p> <ul style="list-style-type: none"> <li>• Cardiff Wound Impact Questionnaire; OR World Health Organization Quality of Life (WHOQOL) form</li> </ul>   |   |
| <p>Patient counselled on the benefit of activity rest, and leg elevation for wound healing</p>   | <p>Review for changes:</p> <ul style="list-style-type: none"> <li>• Recent changes in overall activity level</li> <li>• Daily routine</li> <li>• Personal assistance available to perform activities of daily living</li> <li>• Manual dexterity of hands for application and removal of compression</li> <li>• Ankle range of motion allowing for calf muscle pump to function - consider PT referral for assessment</li> <li>• Determine where patient sleeps at night</li> <li>• Mobility and dexterity aids currently being used</li> <li>• Safety of transfers</li> <li>• Recommendations for exercise and leg elevation above level of the heart – encourage walking</li> </ul>   |   |
| <p>Patient/caregiver educational needs reviewed using ‘teach-back’ method</p>  | <p>Activity</p> <ul style="list-style-type: none"> <li>• Leg elevation</li> <li>• Calf-muscle exercises</li> </ul>  | <p>Diagnostic testing</p> <ul style="list-style-type: none"> <li>• Target ranges for A1C, Blood sugar and cholesterol levels</li> </ul> |

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|   | <p><b>Safety</b></p> <ul style="list-style-type: none"> <li>• Encourage appropriate footwear should be worn at all times when weight bearing as discussed with foot care specialist</li> <li>• Prevention of injury – avoid extremes (hot/cold, loose/tight)</li> <li>• When to call primary care giver (eg. signs and symptoms of infection, deep vein thrombosis, cellulitis, impaired blood flow, difficulties with compression)</li> <li>• Examination of footwear, orthotics and offloading devices for foreign objects, wear pattern, pressure points and presence of wound drainage</li> </ul> <p><b>Compression</b></p> <ul style="list-style-type: none"> <li>• Compression ‘for life’ if applicable</li> <li>• Risks of compression</li> <li>• Compression application and removal</li> <li>• Remove compression stockings at bedtime when legs are elevated and re-apply before ambulating in a.m.</li> </ul> <p><b>Lifestyle</b></p> <ul style="list-style-type: none"> <li>• Smoking and e-cigarette cessation with goal to be nicotine-free<br/>Smoking Cessation Best Practice Guidelines can be found at:<br/><a href="http://rnao.ca/sites/rnao-ca/files/Integrating_Smoking_Cessation_into_Nursing_Practice.pdf">http://rnao.ca/sites/rnao-ca/files/Integrating_Smoking_Cessation_into_Nursing_Practice.pdf</a></li> <li>• Pain management</li> <li>• Rest/Activity</li> </ul> <p><b>Dietary</b></p> <ul style="list-style-type: none"> <li>• Dietary requirements as per dietician directions</li> <li>• Blood glucose testing and recording in diary</li> <li>• Link to EatRight Ontario to talk to dietician<br/><a href="http://www.eatrightontario.ca">www.eatrightontario.ca</a> 1-877-510-5102</li> </ul> | <p><b>Skin Care</b></p> <ul style="list-style-type: none"> <li>• Wound self care</li> <li>• Understands need of debridement</li> <li>• Wash legs thoroughly prior to dressing changes</li> <li>• Skin care (avoid soaking feet, clean and gently dry well between and under toes, avoid using cream between toes unless antifungal)</li> <li>• Nail care (suggest use of foot care specialist)</li> <li>• Encourage use of laundered white diabetic socks – to be changed daily</li> </ul> <p><b>Foot Inspection</b></p> <ul style="list-style-type: none"> <li>• Self foot and lower-leg assessment done daily (encourage use of mirror)<br/>‘Diabetes, Healthy Feet and You Brochure’ can be found at:<br/><a href="http://cawc.net/images/uploads/downloads/WoundCare_ENGLISH_AUG_2011.pdf">http://cawc.net/images/uploads/downloads/WoundCare_ENGLISH_AUG_2011.pdf</a></li> <li>• Encourage caregiver to assist in inspection</li> <li>• Remove shoes and socks of both feet at all medical visits to allow for professional foot inspection</li> </ul> <p><b>Community Supports</b></p> <ul style="list-style-type: none"> <li>• Community support groups (eg. Diabetic education and self- management sessions, walking groups, Southern Ontario Aboriginal Diabetes Initiative - SOADI)</li> <li>• Link to Waterloo Wellington Diabetes Directory can be found at<br/><a href="http://www.waterloowellingtondiabetes.ca/userContent/documents/Public-Resource%20Library/Waterloo%20Wellington%20Diabetes%20Directory%202015%20-%20proof%204.pdf">http://www.waterloowellingtondiabetes.ca/userContent/documents/Public-Resource%20Library/Waterloo%20Wellington%20Diabetes%20Directory%202015%20-%20proof%204.pdf</a></li> <li>• Other _____</li> </ul> |
| <p>Ability to self-manage optimized</p> | <p>Review for independence or need for ongoing assistance with the following:</p> <ul style="list-style-type: none"> <li>• Barriers to participate (transportation, socioeconomic, social environment, other co-morbidities)</li> <li>• Cognitive ability</li> <li>• Compression application and removal</li> <li>• Review importance and potential barriers to smoking cessation at every visit</li> <li>• Wound Care – Refer to guidelines at: <a href="http://www.oundcare.ca">www.oundcare.ca</a></li> <li>• Adequate Hygiene</li> </ul>   |  |

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|  | <ul style="list-style-type: none"> <li>• Professional Foot care</li> <li>• Daily foot inspection with mirror(including bottom of foot and between toes)</li> <li>• Home Environment</li> <li>• Review needs for assistance with ADL's</li> <li>• Social/Medical/Family/Employment obligations</li> <li>• Suggested website for review <a href="http://www.wselfmanagement.ca">www.wselfmanagement.ca</a></li> </ul>  |   |   |
| Coping strategies implemented into plan of care  | <p>Review for changes</p> <ul style="list-style-type: none"> <li>• Patient's concerns and fears (including practitioner dependence)</li> <li>• Signs of anxiety or other mental health issues (e.g., delusions, hallucinations, paranoid behaviour)</li> <li>• Depression screen using Geriatric Depression Scale assessment form –GDS15;</li> <li>• Suicide assessment if applicable</li> <li>• ETOH and illicit /recreational drug use</li> <li>• Check for availability for financial compensation (e.g. private insurance, ADP, veterans medical benefits, Ontario Disability Support Program –ODSP, Non-Insured Health Benefits - NIHB and Southern Ontario Aboriginal Diabetes Initiative – SOADI for First Nations people and Inuit)</li> </ul> |   |   |
| Family and caregiver support identified and incorporated into plan of care             | <p>Confirm there are no changes</p> <ul style="list-style-type: none"> <li>• Availability of assistance required</li> </ul>  |   |   |
| Social supports/community resources currently utilized is integrated into plan of care | <ul style="list-style-type: none"> <li>• Family support</li> <li>• Check for availability for financial compensation (e.g. private insurance, veterans medical benefits, Ontario Disability Support Program – ODSP/Ontario Works, Non-Insured Health Benefits -NIHB and Southern Ontario Aboriginal Diabetes Initiative – SOADI for First Nations people and Inuit)</li> <li>• Eligibility for Assistive Devices Program (ADP [lymphedema only], ODSP, High-needs fund, Veterans Affairs Canada or Aboriginal Services)</li> <li>• Caregiver conflicts</li> <li>• Long or short term placement</li> </ul>  | <ul style="list-style-type: none"> <li>• Confirm that ongoing medication coverage is arranged<br/>Link to Trillium Drug Benefits<br/><a href="http://www.health.gov.on.ca/en/public/programs/drugs/programs/odb/opdp_trillium.aspx">http://www.health.gov.on.ca/en/public/programs/drugs/programs/odb/opdp_trillium.aspx</a></li> <li>• Family support</li> <li>• Funding</li> <li>• Community resources</li> <li>• Caregiver conflicts</li> <li>• Long or short term placement</li> <li>• Compression Fitters list go to:<br/><a href="http://www.woundcare.ca/106/">http://www.woundcare.ca/106/</a></li> </ul> |   |
| Assistance provided for financial concerns patient is experiencing                     | <p>Confirm there are no changes</p> <ul style="list-style-type: none"> <li>• Private insurance availability</li> <li>• Eligibility for Assistive Devices Program (ADP [lymphedema only], ODSP, High-needs fund, Veterans Affairs Canada or Aboriginal Services)</li> </ul>   |   |   |
| Professional referral status reviewed  | <input type="checkbox"/> Primary Care Physician<br><input type="checkbox"/> Community Nursing<br><input type="checkbox"/> Advanced Wound Specialist  | <input type="checkbox"/> Mental Health Specialist<br><input type="checkbox"/> Psychologists/Physchiatrist<br><input type="checkbox"/> Social work<br><input type="checkbox"/> Registered Dietitian  | <input type="checkbox"/> Chiropodist<br><input type="checkbox"/> Lymphatic Massage<br><input type="checkbox"/> Compression Stocking Fitter<br><input type="checkbox"/> Cardiologist |

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|  | <input type="checkbox"/> Nurse Practitioner<br><input type="checkbox"/> Infectious Disease Specialist<br><input type="checkbox"/> Vascular Surgeon<br><input type="checkbox"/> Dermatologist<br><input type="checkbox"/> Plastic surgeon<br><input type="checkbox"/> Internist/Endocrinologist | <input type="checkbox"/> Pharmacist<br><input type="checkbox"/> Occupational Therapist<br><input type="checkbox"/> Physiotherapist<br><input type="checkbox"/> Physiatrist | <input type="checkbox"/> Certified Pedorthist<br><input type="checkbox"/> Certified Orthotists<br><input type="checkbox"/> Certified Prosthetist<br><input type="checkbox"/> Podiatrist |
| <p>Physician/nurse practitioner orders received as required to change plan of care including agreeance to professional recommendations</p>   |  |  |   |
| <p>Appropriate documents shared</p> <ul style="list-style-type: none"> <li>• Identify need to reassess ABPI/TPBI in 6 months</li> <li>• Lower leg assessment results</li> <li>• Recent vascular study results (eg. ABPI, TPBI, Transcutaneous Oxygen Pressure(TcPo<sub>2</sub>), Laser Doppler Flowmetry, Doppler Arterial Waveforms or Segmental Doppler Pressure studies)</li> <li>• Relevant consultation notes</li> <li>• Diagnostic results</li> <li>• Post and current treatment and education plan</li> <li>• List of appropriate contact information for ongoing needs</li> </ul> <p>If wound closed send discharge summary outlining outstanding issues and teaching completed to:</p> <ul style="list-style-type: none"> <li>• Referral source</li> <li>• Most responsible physician (MRP)/nurse practitioner</li> </ul> | <ul style="list-style-type: none"> <li>• Acute care</li> <li>• Complex Continuing Care/Rehab</li> <li>• Long-term care</li> <li>• Community care</li> <li>• Primary care physician/Nurse Practioner</li> <li>• Professionals referred to</li> <li>• Other _____</li> </ul>                     |  |   |
| <p>Collaborative team/patient conference arranged to discuss barriers to healing and care plan if progression to healing is stalled</p>  | <ul style="list-style-type: none"> <li>• Arrange a Collaborative team/patient meeting to discuss barriers to healing and care plan</li> </ul>  |  |   |

| 91-98 Days Expected Outcomes   | Notes   |
|--|---|
| <p>Most responsible physician/nurse practitioner identified/informed</p>   | <ul style="list-style-type: none"> <li>• Communication with primary care physician and/or Nurse Practitioner to update on any significant changes in patient's condition.</li> <li>• 'Care Connects' referral been completed if no responsible practitioner currently involved with patient</li> <li>• Determine if MRP/NP is part of family health team (FHT) or community health centre (CHC) and consider additional supports available</li> </ul>   |
| <p>Assessment of wound performed and percentage of healing documented</p> <div data-bbox="111 402 825 548" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>If wounds are not 30% smaller by week 4, they are unlikely to heal at week 12. Change in care plan may be required. Consider use of antibiotics.</p> </div>  | <p>Complete:</p> <ul style="list-style-type: none"> <li>• Bates-Jensen Wound Assessment Tool (BWAT); OR Leg Ulcer Measurement Tool (LUMT)</li> <li>• Document percentage of healing since admission (expected to be closed at 12 weeks)</li> <li>• Reassess wound etiology (Ulcers with atypical site and appearance such as rolled edges, or non-healing ulcers with a raised ulcer bed should be referred for biopsy)</li> <li>• Assessment for infection (NERDS and STONEES)</li> <li>• Potential need for wound care specialist considered if wound healing is not progressing and infection is absent</li> <li>• Obtain photos following best practice as per framework for individual organization policies &amp; procedures. Suggest following publication as guideline: <a href="http://mydigitalpublication.com/publication/?i=206722">http://mydigitalpublication.com/publication/?i=206722</a></li> </ul>  |
| <p>Wound treatment/compression plan is being followed</p> <div data-bbox="111 703 831 889" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Compression therapy is gold standard of care</p> <ul style="list-style-type: none"> <li>• Compression wraps for healing and 4 weeks after closure</li> <li>• Compression garments obtained when wound ~95% closed</li> <li>• Compression garments once closed and to continue for life</li> </ul> </div> | <p>Review:</p> <ul style="list-style-type: none"> <li>• Refer to Wound Bed Preparation Paradigm for wound healing</li> <li>• Wound Care link: <a href="http://www.woundcare.ca/105">http://www.woundcare.ca/105</a></li> <li>• Adherence to plan</li> <li>• Real or potential barriers to wound treatment plan</li> <li>• Identify appropriate footwear options related to compression wraps</li> <li>• Consider required referrals and follow up with previous referrals</li> <li>• Consider compression wrapping if appropriate considering ABPI/TBPI and LLA results</li> <li>• Barriers to compression adherence including need for 'Compression For Life'</li> </ul> <div data-bbox="877 930 1965 1027" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>***Initiation of compression therapy requires a lower leg assessment to be completed, ABPIs/TBPIs to be determined and results evaluated in addition to physician/NP order***</b></p> </div> |
| <p>Pain management reviewed</p>  | <p>Review for changes</p> <ul style="list-style-type: none"> <li>• Brief Pain Inventory Short Form (BPI-SF)</li> <li>• Identify type of pain             <ol style="list-style-type: none"> <li>1. Neuropathic Pain (described as burning, stinging, shooting, stabbing or hyperesthesia – sensitivity to touch). Suggested pharmaceutical treatment: Second generation tricyclic agents – e.g. Nortriptyline or Desipramine. If pain is not relieved try using Gabapentin or Pregabalin.</li> <li>2. Nociceptive Pain (described as sharp, aching or throbbing). Suggested pharmaceutical treatment: Non-Opioids – e.g. ASA or Acetaminophen, Mild Opioids – e.g. Codeine, Strong Opioids – e.g. Morphine or Oxycodone</li> </ol> </li> <li>• Obtain physician/nurse practitioner orders for pharmaceutical treatments (opioids and non-opioids)</li> <li>• Non-pharmacological pain control options</li> </ul>  |
| <p>Medical/surgical history and co-morbidity management considered within care plan</p>  | <p>Confirm there are no changes</p>   |
| <p>Medication reconciliation and their impact on wound healing reviewed</p>  | <p>Confirm there are no changes</p> <ul style="list-style-type: none"> <li>• Prescription, non-prescription, naturopathic and illicit drug use</li> </ul>   |
| <p>Recent blood work and other diagnostic test results reviewed and</p>  | <ul style="list-style-type: none"> <li>• Determine bloodwork and other diagnostic tests required</li> </ul>   |

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| <p>implications for wound healing considered</p>   |  |   |
| <p>Home Glycemic Control and Monitoring if diabetic</p> <div style="border: 1px solid black; background-color: #d9e1f2; padding: 5px; width: fit-content; margin: 10px auto;"> <p>Normal blood glucose ranges are needed for wound healing to occur</p> </div> | <ul style="list-style-type: none"> <li>• BS and A1C are within recommended range per responsible physician or NP</li> <li>• Use of glucose log book (Diabetes Passport)</li> <li>• Adequate insulin supplies</li> <li>• Glucometer and required supplies</li> <li>• Assess for barriers in monitoring glycemic control</li> </ul>  |   |
| <p>Bilateral lower leg assessment completed</p>  | <ol style="list-style-type: none"> <li>1. ABPI/TPBI completed within last 3 mths and results documented</li> <li>2. If unable to obtain ABPI/TPBI, referral to medical imaging for vascular studies is recommended</li> <li>3. Repeat ABPI/TPBI assessment every 3 months if healing is not progressing</li> <li>4. Bilateral Lower Leg Assessment that includes:             <ul style="list-style-type: none"> <li>• Leg measurements (foot, ankle, calf, thigh)</li> <li>• Nail changes (thicker, dry, crumbly, presence of fungal infection)</li> <li>• Assess interdigital spaces</li> <li>• Presence of callous or corns</li> <li>• Presence of varicosities (varicose veins)</li> <li>• Ankle Flare</li> <li>• Drainage on socks</li> <li>• Measurement of edema</li> <li>• Dermatological changes due to impaired blood flow to impaired blood flow</li> </ul> </li> </ol> |   |
| <p>Patient's nutritional status optimized</p>  | <p>Confirm there are no changes:</p> <ul style="list-style-type: none"> <li>• Recent blood work results</li> <li>• Significant weight changes</li> <li>• Adherence to diet plan</li> <li>• Identify barriers/risk factors to healthy eating</li> </ul>   |   |
| <p>Patient and caregiver concerns and goals integrated into the care plan and shared with care team</p>  | <p>Confirm there are no changes:</p> <ul style="list-style-type: none"> <li>• Cardiff Wound Impact Questionnaire; OR OR World Health Organization Quality of Life (WHOQOL) form</li> </ul>   |   |
| <p>Patient counselled on the benefit of activity rest, and leg elevation for wound healing</p>   | <p>Review for changes:</p> <ul style="list-style-type: none"> <li>• Recent changes in overall activity level</li> <li>• Daily routine</li> <li>• Personal assistance available to perform activities of daily living</li> <li>• Manual dexterity of hands for application and removal of compression</li> <li>• Ankle range of motion allowing for calf muscle pump to function - consider PT referral for assessment</li> <li>• Determine where patient sleeps at night</li> <li>• Mobility and dexterity aids currently being used</li> <li>• Safety of transfers</li> <li>• Recommendations for exercise and leg elevation above level of the heart – encourage walking</li> </ul>  |   |
| <p>Patient/caregiver educational needs reviewed using 'teach-back' method</p>  | <p><b>Activity</b></p> <ul style="list-style-type: none"> <li>• Leg elevation</li> <li>• Calf-muscle exercises</li> </ul> <p><b>Safety</b></p> <ul style="list-style-type: none"> <li>• Encourage appropriate footwear should be worn at all times when weight bearing as discussed with foot care specialist</li> <li>• Prevention of injury – avoid extremes</li> </ul>  | <p><b>Diagnostic testing</b></p> <ul style="list-style-type: none"> <li>• Target ranges for A1C, Blood sugar and cholesterol levels</li> </ul> <p><b>Skin Care</b></p> <ul style="list-style-type: none"> <li>• Wound self care</li> <li>• Understands need of debridement</li> <li>• Wash legs thoroughly prior to dressing changes</li> </ul> |

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|  | <p>(hot/cold, loose/tight)</p> <ul style="list-style-type: none"> <li>• When to call primary care giver (eg. signs and symptoms of infection, deep vein thrombosis, cellulitis, impaired blood flow, difficulties with compression)</li> <li>• Examination of footwear, orthotics and offloading devices for foreign objects, wear pattern, pressure points and presence of wound drainage</li> </ul> <p><b>Compression</b></p> <ul style="list-style-type: none"> <li>• Compression ‘for life’ if applicable</li> <li>• Risks of compression</li> <li>• Compression application and removal</li> <li>• Remove compression stockings at bedtime when legs are elevated and re-apply before ambulating in a.m.</li> </ul> <p><b>Lifestyle</b></p> <ul style="list-style-type: none"> <li>• Smoking and e-cigarette cessation with goal to be nicotine-free<br/>Smoking Cessation Best Practice Guidelines can be found at:<br/><a href="http://rnao.ca/sites/rnao-ca/files/Integrating_Smoking_Cessation_into_Nursing_Practice.pdf">http://rnao.ca/sites/rnao-ca/files/Integrating_Smoking_Cessation_into_Nursing_Practice.pdf</a></li> <li>• Pain management</li> <li>• Rest/Activity</li> </ul> <p><b>Dietary</b></p> <ul style="list-style-type: none"> <li>• Dietary requirements as per dietician directions</li> <li>• Blood glucose testing and recording in diary</li> <li>• Link to EatRight Ontario to talk to dietician <a href="http://www.eatrightontario.ca">www.eatrightontario.ca</a> 1-877-510-5102</li> </ul> | <ul style="list-style-type: none"> <li>• Skin care (avoid soaking feet, clean and gently dry well between and under toes, avoid using cream between toes unless antifungal)</li> <li>• Nail care (suggest use of foot care specialist)</li> <li>• Encourage use of laundered white diabetic socks – to be changed daily</li> </ul> <p><b>Foot Inspection</b></p> <ul style="list-style-type: none"> <li>• Self foot and lower-leg assessment done daily (encourage use of mirror)<br/>‘Diabetes, Healthy Feet and You Brochure’ can be found at:<br/><a href="http://cawc.net/images/uploads/downloads/WoundCare_ENGLISH_AUG_2011.pdf">http://cawc.net/images/uploads/downloads/WoundCare_ENGLISH_AUG_2011.pdf</a></li> <li>• Encourage caregiver to assist in inspection</li> <li>• Remove shoes and socks of both feet at all medical visits to allow for professional foot inspection</li> </ul> <p><b>Community Supports</b></p> <ul style="list-style-type: none"> <li>• Community support groups (eg. Diabetic education and self- management sessions, walking groups, Southern Ontario Aboriginal Diabetes Initiative - SOADI)</li> <li>• Link to Waterloo Wellington Diabetes Directory can be found at <a href="http://www.waterloowellingtondiabetes.ca/userContent/documents/Public-Resource%20Library/Waterloo%20Wellington%20Diabetes%20Directory%202015%20-%20proof%204.pdf">http://www.waterloowellingtondiabetes.ca/userContent/documents/Public-Resource%20Library/Waterloo%20Wellington%20Diabetes%20Directory%202015%20-%20proof%204.pdf</a></li> <li>• Other _____</li> </ul> |
| <p>Ability to self-manage optimized</p>                | <p>Review for independence or need for ongoing assistance with the following:</p> <ul style="list-style-type: none"> <li>• Barriers to participate (transportation, socioeconomic, social environment, other co-morbidities)</li> <li>• Cognitive ability</li> <li>• Compression application and removal</li> <li>• Review importance and potential barriers to smoking cessation at every visit</li> <li>• Wound Care – Refer to guidelines at: <a href="http://www.oundcare.ca">www.oundcare.ca</a></li> <li>• Adequate Hygeine</li> <li>• Professional Foot care</li> <li>• Daily foot inspection with mirror(including bottom of foot and between toes)</li> <li>• Home Enviroment</li> <li>• Review needs for assistance with ADL’s</li> <li>• Social/Medical/Family/Employment obligations</li> <li>• Suggested website for review <a href="http://www.wselfmanagement.ca">www.wselfmanagement.ca</a></li> </ul>   |  |
| <p>Coping strategies implemented into plan of care</p> | <p>Review for changes</p> <ul style="list-style-type: none"> <li>• Patient’s concerns and fears (including practitioner dependence)</li> </ul>   |  |

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|   | <ul style="list-style-type: none"> <li>• Signs of anxiety or other mental health issues (e.g., delusions, hallucinations, paranoid behaviour)</li> <li>• Depression screen using Geriatric Depression Scale assessment form –GDS15;</li> <li>• Suicide assessment if applicable</li> <li>• ETOH and illicit /recreational drug use</li> <li>• Check for availability for financial compensation (e.g. private insurance, ADP, veterans medical benefits, Ontario Disability Support Program –ODSP, Non-Insured Health Benefits - NIHB and Southern Ontario Aboriginal Diabetes Initiative – SOADI for First Nations people and Inuit)</li> </ul> |   |  |
| <p>Family and caregiver support identified and incorporated into plan of care</p>   | <p>Confirm there are no changes</p> <ul style="list-style-type: none"> <li>• Availability of assistance required</li> </ul>  |   |  |
| <p>Social supports/community resources currently utilized is integrated into plan of care</p>   | <ul style="list-style-type: none"> <li>• Family support</li> <li>• Check for availability for financial compensation (e.g. private insurance, veterans medical benefits, Ontario Disability Support Program – ODSP/Ontario Works, Non-Insured Health Benefits -NIHB and Southern Ontario Aboriginal Diabetes Initiative – SOADI for First Nations people and Inuit)</li> <li>• Eligibility for Assistive Devices Program (ADP [lymphedema only], ODSP, High-needs fund, Veterans Affairs Canada or Aboriginal Services)</li> <li>• Caregiver conflicts</li> </ul>  | <ul style="list-style-type: none"> <li>• Confirm that ongoing medication coverage is arranged<br/>Link to Trillium Drug Benefits<br/><a href="http://www.health.gov.on.ca/en/public/programs/drugs/programs/odb/opdp_trillium.a.spx">http://www.health.gov.on.ca/en/public/programs/drugs/programs/odb/opdp_trillium.a.spx</a></li> <li>• Family support</li> <li>• Funding</li> <li>• Community resources</li> <li>• Caregiver conflicts</li> <li>• Long or short term placement</li> <li>• Compression Fitters list go to:<br/><a href="http://www.woundcare.ca/106/">http://www.woundcare.ca/106/</a></li> <li>• Long or short term placement</li> </ul> |  |
| <p>Professional referral status reviewed</p>  | <input type="checkbox"/> Primary Care Physician<br><input type="checkbox"/> Community Nursing<br><input type="checkbox"/> Advanced Wound Specialist<br><input type="checkbox"/> Nurse Practitioner<br><input type="checkbox"/> Infectious Disease Specialist<br><input type="checkbox"/> Vascular Surgeon<br><input type="checkbox"/> Dermatologist<br><input type="checkbox"/> Plastic surgeon<br><input type="checkbox"/> Internist/Endocrinologist  | <input type="checkbox"/> Mental Health Specialist<br><input type="checkbox"/> Psychologists/Physchiatrist<br><input type="checkbox"/> Social work<br><input type="checkbox"/> Registered Dietitian<br><input type="checkbox"/> Pharmacist<br><input type="checkbox"/> Occupational Therapist<br><input type="checkbox"/> Physiotherapist<br><input type="checkbox"/> Physiatrist  | <input type="checkbox"/> Chiroprapist<br><input type="checkbox"/> Lymphatic Massage<br><input type="checkbox"/> Compression Stocking Fitter<br><input type="checkbox"/> Cardiologist<br><input type="checkbox"/> Certified Pedorothist<br><input type="checkbox"/> Certified Orthotists<br><input type="checkbox"/> Certified Prosthetist<br><input type="checkbox"/> Podiatrist |
| <p>Physician/nurse practitioner orders received as required to change plan of care including agreeance to professional referral recommendations</p>   |  |   |  |
| <p>Appropriate documents shared<br/>If wound closed send discharge summary outlining outstanding issues and teaching completed to:</p> <ul style="list-style-type: none"> <li>• referral source</li> <li>• most responsible physician (MRP)/nurse practitioner (NP)</li> <li>• identify need to reassess ABPI/TPBI in 6 months</li> </ul> | <input type="checkbox"/> Acute care<br><input type="checkbox"/> Long-term care<br><input type="checkbox"/> Community care  | <input type="checkbox"/> Primary care physician/Nurse Practioner<br><input type="checkbox"/> Professionals referred to<br><input type="checkbox"/> Other _____  |  |
| <p>Collaborative team/patient conference arranged to discuss barriers to healing and care plan if progression to healing is stalled</p>   | <ul style="list-style-type: none"> <li>• Arrange a Collaborative team/patient meeting to discuss barriers to healing and care plan</li> </ul>  |   |  |

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