<table>
<thead>
<tr>
<th>0-7 Days Expected Outcomes</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient admitted to service/facility</td>
<td></td>
</tr>
</tbody>
</table>
| Most Responsible Physician (MRP)/Nurse Practitioner (NP) identified/informed | • Refer patient to ‘Care Connects’ if no responsible practitioner currently involved with patient  
| | • Determine if MRP/NP is part of family health team (FHT) or community health centre (CHC) and consider additional supports available |
| Medical/surgical history and co-morbidity management considered within care plan | Risk factors include:  
| | Physiological  
| | • Diabetes mellitus  
| | • Osteoporosis  
| | • Hypertension  
| | • Pregnancy  
| | • Heart disease, stroke, transient ischemic attack  
| | • Episodic chest pain, pulmonary emboli or hemoptysis, ischemic rest pain  
| | • Hyperlipidemia  
| | • Collagen vascular diseases (e.g. Ankylosing spondylitis, Dermatomyositis, Polyarteritis nodosa, Psoriatic arthritis, Rheumatoid arthritis, Scleroderma, Systemic lupus erythematosus)  
| | • Varicose veins  
| | • Protein C, S or Factor 5 clotting disorders  
| | • Previous vascular tests or surgeries  
| | • Lower leg fractures/injury  
| | • Gout  
| | • Use of immunosuppressant medications  
| | • Advanced age  
| | • History of deep vein thrombosis  
| | • History of foot infections or osteomyelitis  
| | • Decreased cognitive ability  
| | • Alcohol/drug abuse  
| | • Peripheral vascular or artery disease  

| Current ongoing adjunctive therapies integrated into care plan | |
| Medication reconciliation and their impact on wound healing reviewed | • Prescription, non-prescription, naturopathic and illicit drug use (including e-cigarettes, inhaled substances and nicotine replacement therapy)  
| | • Medications that can affect healing include:  
| | Chemotherapy, anticoagulants, antiplatelets, corticosteroids, vasoconstrictors, antihypertensives, diuretics and immunosuppressive drugs  

This pathway is provided as an information resource for health care professionals.  
It is intended to compliment, but not replace clinical judgment.
| **Recent blood work and other diagnostic test results reviewed and implications for wound healing considered** | • Other medications used to treat acute episodic illnesses may affect healing (e.g. Antibiotics, colchicine, anti-rheumatoid arthritics)  
• Vitamin and mineral supplementation  

**Home Glycemic Control and Monitoring if diabetic** | • BS and A1C are within recommended range per responsible physician or NP  
• Use of glucose log book (Diabetes Passport)  
• Adequate insulin supplies  
• Glucometer and required supplies  
• Assess for barriers in monitoring glycemic control  

**Physical examination performed** |  

| **Bilateral lower leg assessment completed** | Complete:  
1. ABPI/TPBI completed within last 3 mths and results documented  
2. If unable to obtain ABPI/TPBI, referral to medical imaging for vascular studies is recommended  
3. Repeat ABPI/TPBI assessment every 3 months if healing is not progressing  
4. Bilateral Lower Leg Assessment that includes:  
   • Leg measurements (foot, ankle, calf, thigh)  
   • Nail changes (thicker, dry, crumbly, presence of fungal infection)  
   • Assess interdigital spaces  
   • Presence of callous or corns  
   • Presence of varicosities (varicose veins)  
   • Ankle Flare  
   • Drainage on socks  
   • Measurement of edema  
   • Dermatological changes due to impaired blood flow  

**Wound Assessment completed** | Complete:  
• Bates-Jensen Wound Assessment Tool (BWAT); OR Leg Ulcer Measurement Tool (LUMT)  
• Confirm wound etiology  
• Document percentage of healing since last visit  
• Assessment for infection (NERDS and STONEES)  
• Obtain photos following best practice as per framework for individual organization policies & procedures Suggest following publication as guideline: http://mydigitalpublication.com/publication/?i=206722  

| **Compression therapy history documented and considered in plan** | • Previous compression garments  
• Reason compression treatment has changed if applicable  
• Age of compression garments  
• Adherence to compression plan  
• Application and removal of compression in past  
• Finances  

| **Pain management initiated** | Complete:  
• Brief Pain Inventory Short Form (BPI-SF)  
• Identify type of pain  
  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.  
  2. Nociceptive Pain (described as sharp, aching or throbbing). Suggested pharmaceutical treatment: Non-
| Patient’s nutritional status optimized | Obtain physician/nurse practitioner orders for pharmaceutical treatments (opioids and non-opioids)  
- Non-pharmacological pain control options |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioids – e.g. ASA or Acetaminophen, Mild Opioids – e.g. Codeine, Strong Opioids – e.g. Morphine or Oxycodone</td>
<td></td>
</tr>
</tbody>
</table>
| Patient’s nutritional status optimized | Review blood work results  
- Calculate Body Mass Index (BMI)  
- Determine recent weight loss/gain  
- Complete Mini Nutritional Assessment (MNA)  
- If screening section results < 11 = complete assessment section  
- If Assessment section results < 24 = Registered Dietician referral required |
| Wound etiology and appropriate pathway established | Identify initial cause of wound  
- Results of lower leg assessment  
- ABPI/TBPI  
- Results of wound assessment  
- Vascular study results |
| Patient and caregiver concerns and goals integrated into the care plan and shared with care team | Complete:  
- Cardiff Wound Impact Questionnaire; OR World Health Organization Quality of Life (WHOQOL) form  
- Ensure all patient/caregiver goals and concerns have been addressed |
| Wound treatment plan determined in accordance to treatment goal (healable, maintenance or non-healable) | Arrange for physician/nurse practitioner orders as required to begin plan of care including agreeance to professional referral recommendations  
- Identify any potential barriers to wound treatment plan  
- 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)  
- Wound Care link: [http://wwwoundcare.ca/105](http://wwwoundcare.ca/105) |
| Compression plan determined from guidelines: | Arrange for physician/nurse practitioner orders as required to begin plan of care including agreeance to professional referral recommendations  
- Identify any potential barriers to compression  
- ABPI and Compression Bandaging Table adherence including need for ‘Compression For Life’ |
| Compression therapy is gold standard of care  
- Compression wraps for healing and 4 weeks after closure  
- Compression garments obtained when wound ~95% closed  
- Compression garments once closed and to continue for life |
| Patient counselled on the benefit of activity, rest, and leg elevation for wound healing | Recent changes in overall activity level  
- Daily routine  
- Personal assistance available to perform activities of daily living  
- Manual dexterity of hands for application and removal of compression  
- Ankle range of motion allowing for calf muscle pump to function - consider PT referral for assessment  
- Determine where patient sleeps at night  
- Mobility and dexterity aids currently being used  
- Safety of transfers  
- Recommendations for exercise and leg elevation above level of the heart – encourage walking |
| Patient/caregiver educational plan initiated | **Activity**  
- Leg elevation  
- Calf-muscle exercises  
**Diagnostic testing**  
- Target ranges for A1C, Blood sugar and cholesterol levels

This pathway is provided as an information resource for health care professionals. It is intended to compliment, but not replace clinical judgment.  
Final Version May 4, 2016
<table>
<thead>
<tr>
<th>Safety</th>
<th>Skin Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Encourage appropriate footwear should be worn at all times when</td>
<td>• Wound self care</td>
</tr>
<tr>
<td>weight bearing as discussed with foot care specialist</td>
<td>• Understands need of debridement</td>
</tr>
<tr>
<td>• Prevention of injury – avoid extremes</td>
<td>• Wash legs thoroughly prior to dressing changes</td>
</tr>
<tr>
<td>(hot/cold, loose/tight)</td>
<td>• Skin care (avoid soaking feet, clean and gently dry well between and</td>
</tr>
<tr>
<td>• When to call primary care giver (eg. signs and symptoms of</td>
<td>under toes, avoid using cream between toes unless antifungal)</td>
</tr>
<tr>
<td>infection, deep vein thrombosis, cellulitis, impaired blood flow,</td>
<td>• Nail care (suggest use of foot care specialist)</td>
</tr>
<tr>
<td>difficulties with compression)</td>
<td>• Encourage use of laundered white diabetic socks – to be changed daily</td>
</tr>
<tr>
<td>• Examination of footwear, orthotics and offloading devices for</td>
<td>Foot Inspection</td>
</tr>
<tr>
<td>foreign objects, wear pattern, pressure points and presence of</td>
<td>• Self foot and lower-leg assessment done daily</td>
</tr>
<tr>
<td>wound drainage</td>
<td>(encourage use of mirror)</td>
</tr>
<tr>
<td>Compression</td>
<td>‘Diabetes, Healthy Feet and You Brochure’ can be found at:</td>
</tr>
<tr>
<td>• Risks of compression</td>
<td>• Encourage caregiver to assist in inspection</td>
</tr>
<tr>
<td>• Compression application and removal</td>
<td>• Remove shoes and socks of both feet at all medical visits to allow for</td>
</tr>
<tr>
<td>• Remove compression stockings at bedtime when legs are elevated</td>
<td>professional foot inspection</td>
</tr>
<tr>
<td>ambulating in a.m.</td>
<td>Community Supports</td>
</tr>
<tr>
<td>Lifestyle</td>
<td>• Community support groups (eg. Diabetic education and self-</td>
</tr>
<tr>
<td>• Smoking and e-cigarette cessation with goal to be nicotine-free</td>
<td>management sessions, walking groups, Southern Ontario Aboriginal</td>
</tr>
<tr>
<td>Smoking Cessation Best Practice Guidelines can be found at:</td>
<td>Diabetes Initiative - SOADI)</td>
</tr>
<tr>
<td><a href="http://rnao.ca/sites/rnao-ca/files/Integrating_Smoking_Cessation">http://rnao.ca/sites/rnao-ca/files/Integrating_Smoking_Cessation</a>_</td>
<td>• Link to Waterloo Wellington Diabetes Directory can be found at:</td>
</tr>
<tr>
<td>into_Daily_Nursing_Practice.pdf</td>
<td><a href="http://www.waterloowellingtondiabetes.ca/userContent/documents/Public-">http://www.waterloowellingtondiabetes.ca/userContent/documents/Public-</a></td>
</tr>
<tr>
<td>• Pain management</td>
<td>Resource%20Library/Waterloo%20Wellington%20Diabetes%20Directory%2020-</td>
</tr>
<tr>
<td>• Rest/Activity</td>
<td>%20proof%204.pdf</td>
</tr>
<tr>
<td>Dietary</td>
<td>Other _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____</td>
</tr>
<tr>
<td>• Dietary requirements as per dietician directions</td>
<td>Ability to self-manage optimized</td>
</tr>
<tr>
<td>• Blood glucose testing and recording in diary</td>
<td>Review for independence or need for ongoing assistance with the following:</td>
</tr>
<tr>
<td>• Link to EatRight Ontario to talk to dietician</td>
<td>• Barriers to participate (transportation, socioeconomic, social</td>
</tr>
<tr>
<td><a href="http://www.eatrightontario.ca">www.eatrightontario.ca</a> 1-877-510-5102</td>
<td>environment, other co-morbidities)</td>
</tr>
<tr>
<td>Foot Inspection</td>
<td>• Cognitive ability</td>
</tr>
<tr>
<td>• Self foot and lower-leg assessment done daily</td>
<td>• Compression application and removal</td>
</tr>
<tr>
<td>(encourage use of mirror)</td>
<td>• Review importance and potential barriers to smoking cessation at</td>
</tr>
<tr>
<td>‘Diabetes, Healthy Feet and You Brochure’ can be found at:</td>
<td>every visit</td>
</tr>
<tr>
<td>pdf</td>
<td>• Adequate Hygeine</td>
</tr>
<tr>
<td>• Encourage caregiver to assist in inspection</td>
<td>• Professional Foot care</td>
</tr>
<tr>
<td>• Remove shoes and socks of both feet at all medical visits to allow</td>
<td>• Daily foot inspection with mirror(including bottom of foot and</td>
</tr>
<tr>
<td>for professional foot inspection</td>
<td>between toes)</td>
</tr>
</tbody>
</table>
Coping strategies implemented into plan of care

<table>
<thead>
<tr>
<th>Assess for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Patient’s concerns and fears (including practitioner dependence)</td>
</tr>
<tr>
<td>- Signs of anxiety or other mental health issues (e.g., delusions, hallucinations, paranoid behaviour)</td>
</tr>
<tr>
<td>- Depression screen using Geriatric Depression Scale assessment form –GDS15;</td>
</tr>
<tr>
<td>- Suicide assessment if applicable</td>
</tr>
<tr>
<td>- ETOH and illicit/recreational drug use</td>
</tr>
<tr>
<td>- 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)</td>
</tr>
</tbody>
</table>

Family and caregiver support identified and incorporated into plan of care

<table>
<thead>
<tr>
<th>Family/caregiver actively willing and able to participate in treatment plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Family support</td>
</tr>
<tr>
<td>- 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)</td>
</tr>
<tr>
<td>- Eligibility for Assistive Devices Program (ADP [lymphedema only], ODSP, High-needs fund, Veterans Affairs Canada or Aboriginal Services)</td>
</tr>
<tr>
<td>- Caregiver conflicts</td>
</tr>
<tr>
<td>- Long or short term placement</td>
</tr>
</tbody>
</table>

Social supports/community resources currently utilized is integrated into plan of care

<table>
<thead>
<tr>
<th>Confirm that ongoing medication coverage is arranged</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Link to Trillium Drug Benefits</td>
</tr>
<tr>
<td>- Family support</td>
</tr>
<tr>
<td>- Funding</td>
</tr>
<tr>
<td>- Community resources</td>
</tr>
<tr>
<td>- Caregiver conflicts</td>
</tr>
<tr>
<td>- Long or short term placement</td>
</tr>
<tr>
<td>- Compression Fitters list go to:</td>
</tr>
<tr>
<td>- <a href="http://wwwwoundcare.ca/106/">http://wwwwoundcare.ca/106/</a></td>
</tr>
</tbody>
</table>

Professional referrals are initiated

<table>
<thead>
<tr>
<th>Primary Care Physician</th>
<th>Mental Health Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Nursing</td>
<td>Psychologists/Physiatrist</td>
</tr>
<tr>
<td>Advanced Wound Specialist</td>
<td>Social work</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>Registered Dietitian</td>
</tr>
<tr>
<td>Infectious Disease Specialist</td>
<td>Pharmacist</td>
</tr>
<tr>
<td>Vascular Surgeon</td>
<td>Occupational Therapist</td>
</tr>
<tr>
<td>Dermatologist</td>
<td>Physiotherapist</td>
</tr>
<tr>
<td>Plastic surgeon</td>
<td>Physiatrist</td>
</tr>
<tr>
<td>Internist/Endocrinologist</td>
<td></td>
</tr>
<tr>
<td>Chiropodist</td>
<td>Lymphatic Massage</td>
</tr>
<tr>
<td>Lymphatic Massage</td>
<td>Compression Stocking Fitter</td>
</tr>
<tr>
<td>Compression Stocking Fitter</td>
<td>Cardiologist</td>
</tr>
<tr>
<td>Cardiologist</td>
<td>Certified Pedorothist</td>
</tr>
<tr>
<td>Certified Pedorothist</td>
<td>Certified Orthotists</td>
</tr>
<tr>
<td>Certified Orthotists</td>
<td>Certified Prosthetist</td>
</tr>
<tr>
<td>Certified Prosthetist</td>
<td>Podiatrist</td>
</tr>
</tbody>
</table>

Physician/nurse practitioner orders received as required to change plan of care including agreeance to professional recommendations
### Appropriate documents shared
- Identify need to reassess ABPI/TPBI in 6 months
- Lower leg assessment results
- Recent vascular study results (e.g. ABPI, TPBI, Transcutaneous Oxygen Pressure (TcPo₂), Laser Doppler Flowmetry, Doppler Arterial Waveforms or Segmental Doppler Pressure studies)
- Relevant consultation notes
- Diagnostic results
- Post and current treatment and education plan
- List of appropriate contact information for ongoing needs

### If wound closed send discharge summary outlining outstanding issues and teaching completed to:
- Referral source
- Most responsible physician (MRP)/nurse practitioner

### Other professionals referred to:
- Acute care
- Complex Continuing Care/Rehab
- Long-term care
- Community care
- Primary care physician/Nurse Practitioner
- Professionals referred to
- Other _____________________________
### 8-21 Days Expected Outcomes

<table>
<thead>
<tr>
<th>Most responsible physician/nurse practitioner identified/informed</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Communication with primary care physician and/or Nurse Practitioner to update on any significant changes in patient’s condition.</td>
<td></td>
</tr>
<tr>
<td>• ‘Care Connects’ referral been completed if no responsible practitioner currently involved with patient</td>
<td></td>
</tr>
<tr>
<td>• Determine if MRP/NP is part of family health team FHT or community health centre CHC and consider additional supports available</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bilateral lower leg assessment completed</th>
<th>Complete:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ABPI/TPBI completed within last 3 mths and results documented</td>
<td>1. ABPI/TPBI completed within last 3 mths and results documented</td>
</tr>
<tr>
<td>2. If unable to obtain ABPI/TPBI, referral to medical imaging for vascular studies is recommended</td>
<td>2. If unable to obtain ABPI/TPBI, referral to medical imaging for vascular studies is recommended</td>
</tr>
<tr>
<td>3. Repeat ABPI/TPBI assessment every 3 months if healing is not progressing</td>
<td>3. Repeat ABPI/TPBI assessment every 3 months if healing is not progressing</td>
</tr>
<tr>
<td>4. Bilateral Lower Leg Assessment that includes:</td>
<td>4. Bilateral Lower Leg Assessment that includes:</td>
</tr>
<tr>
<td>• Leg measurements (foot, ankle, calf, thigh)</td>
<td>• Leg measurements (foot, ankle, calf, thigh)</td>
</tr>
<tr>
<td>• Nail changes (thicker, dry, crumbly, presence of fungal infection)</td>
<td>• Nail changes (thicker, dry, crumbly, presence of fungal infection)</td>
</tr>
<tr>
<td>• Assess interdigital spaces</td>
<td>• Assess interdigital spaces</td>
</tr>
<tr>
<td>• Presence of callous or corns</td>
<td>• Presence of callous or corns</td>
</tr>
<tr>
<td>• Presence of varicosities (varicose veins)</td>
<td>• Presence of varicosities (varicose veins)</td>
</tr>
<tr>
<td>• Ankle Flare</td>
<td>• Ankle Flare</td>
</tr>
<tr>
<td>• Drainage on socks</td>
<td>• Drainage on socks</td>
</tr>
<tr>
<td>• Measurement of edema</td>
<td>• Measurement of edema</td>
</tr>
<tr>
<td>• Dermatological changes due to impaired blood flow</td>
<td>• Dermatological changes due to impaired blood flow</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment of wound performed and percentage of healing documented</th>
<th>Complete:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Bates-Jensen Wound Assessment Tool (BWAT), Pressure Ulcer Scale for Healing (PUSH) OR Leg Ulcer Measurement Tool (LUMT)</td>
<td>• Bates-Jensen Wound Assessment Tool (BWAT), Pressure Ulcer Scale for Healing (PUSH) OR Leg Ulcer Measurement Tool (LUMT)</td>
</tr>
<tr>
<td>• Confirm wound etiology</td>
<td>• Confirm wound etiology</td>
</tr>
<tr>
<td>• Results of LLA and ABPI/TPBI</td>
<td>• Results of LLA and ABPI/TPBI</td>
</tr>
<tr>
<td>• May have components of other etiologies (e.g. poor vascular flow either arterial or venous or both, pressure, friction, sheer)</td>
<td>• May have components of other etiologies (e.g. poor vascular flow either arterial or venous or both, pressure, friction, sheer)</td>
</tr>
<tr>
<td>• Measure and document size of wound</td>
<td>• Measure and document size of wound</td>
</tr>
<tr>
<td>• Document percentage of healing since admission e.g., progressing to 20 to 30%</td>
<td>• Document percentage of healing since admission e.g., progressing to 20 to 30%</td>
</tr>
<tr>
<td>• Debridement by qualified professional</td>
<td>• Debridement by qualified professional</td>
</tr>
<tr>
<td>• Assessment for infection (NERDS and STONEES)</td>
<td>• Assessment for infection (NERDS and STONEES)</td>
</tr>
<tr>
<td>• Potential need for wound care specialist considered if wound healing is not progressing &amp; infection absent</td>
<td>• Potential need for wound care specialist considered if wound healing is not progressing &amp; infection absent</td>
</tr>
<tr>
<td>• 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></td>
<td>• 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></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wound treatment/compression plan is being followed</th>
<th>Review:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compression therapy is gold standard of care</td>
<td>Refer to Wound Bed Preparation Paradigm for wound healing</td>
</tr>
<tr>
<td>• Compression wraps for healing and 4 weeks after closure</td>
<td>• Wound Care link: <a href="http://wwwoundcare.ca/105">http://wwwoundcare.ca/105</a></td>
</tr>
<tr>
<td>• Compression garments obtained when wound ~95% closed</td>
<td>• Adherence to plan</td>
</tr>
<tr>
<td>• Compression garments once closed and to continue for life</td>
<td>• Real or potential barriers to wound treatment plan</td>
</tr>
<tr>
<td></td>
<td>• Identify appropriate footwear options related to compression wraps</td>
</tr>
<tr>
<td></td>
<td>• Consider required referrals and follow up with previous referrals</td>
</tr>
<tr>
<td></td>
<td>• Consider appropriate compression according to guidelines for ABPI/TPBI and LLA</td>
</tr>
<tr>
<td></td>
<td>• Barriers to compression adherence including need for ‘Compression For Life’</td>
</tr>
</tbody>
</table>
### Pain management reviewed

**Review for changes**
- Brief Pain Inventory Short Form (BPI-SF)
- Identify type of pain
  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.
  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 Oxycodeone
- Obtain physician/nurse practitioner orders for pharmaceutical treatments (opioids and non-opioids)
- Non-pharmacological pain control options

### Medical/surgical history and co-morbidity management considered within care plan

**Review for changes**

### Medication reconciliation and their impact on wound healing reviewed

**Review for changes**
- Prescription, non-prescription, naturopathic and illicit drug use

### Recent blood work and other diagnostic test results reviewed and implications for wound healing considered

**Review**
- Determine bloodwork and other diagnostic tests required

### Home Glycemic Control and Monitoring if diabetic

**Normal blood glucose ranges are needed for wound healing to occur**
- BS and A1C are within recommended range per responsible physician or NP
- Use of glucose log book (Diabetes Passport)
- Adequate insulin supplies
- Glucometer and required supplies
- Assess for barriers in monitoring glycemic control

### Bilateral lower leg assessment completed

1. ABPI/TPBI completed within last 3 mths and results documented
2. If unable to obtain ABPI/TPBI, referral to medical imaging for vascular studies is recommended
3. Repeat ABPI/TPBI assessment every 3 months if healing is not progressing
4. Bilateral Lower Leg Assessment that includes:
   - Leg measurements (foot, ankle, calf, thigh)
   - Nail changes (thicker, dry, crumbly, presence of fungal infection)
   - Assess interdigital spaces
   - Presence of callous or corns
   - Presence of varicosities (varicose veins)
   - Ankle Flare
   - Drainage on socks
   - Measurement of edema
   - Dermatological changes due to impaired blood flow

### Patient’s nutritional status optimized

**Review:**
- Review recent Dietary Consult if applicable
- Recent blood work results
- Significant weight changes
- Adherence to diet plan
- Identify barriers/risk factors to healthy eating
| Patient and caregiver concerns and goals integrated into the care plan and shared with care team | Patient counselled on the benefit of activity, rest and leg elevation for wound healing | Review for changes:  
- Recent changes in overall activity level  
- Daily routine  
- Personal assistance available to perform activities of daily living  
- Manual dexterity of hands for application and removal of compression  
- Ankle range of motion allowing for calf muscle pump to function - consider PT referral for assessment  
- Determine where patient sleeps at night  
- Mobility and dexterity aids currently being used  
- Safety of transfers  
- Recommendations for exercise and leg elevation above level of the heart – encourage walking |
|---|---|---|
| Review for changes  
- Cardiff Wound Impact Questionnaire; OR World Health Organization Quality of Life (WHOQOL) form  
- Patient counselled on the benefit of activity, rest and leg elevation for wound healing  
- Review for changes:  
  - Recent changes in overall activity level  
  - Daily routine  
  - Personal assistance available to perform activities of daily living  
  - Manual dexterity of hands for application and removal of compression  
  - Ankle range of motion allowing for calf muscle pump to function - consider PT referral for assessment  
  - Determine where patient sleeps at night  
  - Mobility and dexterity aids currently being used  
  - Safety of transfers  
  - Recommendations for exercise and leg elevation above level of the heart – encourage walking |
| Activity  
- Leg elevation  
- Calf-muscle exercises  
Safety  
- Encourage appropriate footwear should be worn at all times when weight bearing as discussed with foot care specialist  
- Prevention of injury – avoid extremes (hot/cold, loose/tight)  
- When to call primary care giver (eg. signs and symptoms of infection, deep vein thrombosis, cellulitis, impaired blood flow, difficulties with compression)  
- Examination of footwear, orthotics and offloading devices for foreign objects, wear pattern, pressure points and presence of wound drainage  
Compression  
- Compression ‘for life’ if applicable  
- Risks of compression  
- Compression application and removal  
- Remove compression stockings at bedtime when legs are elevated and re-apply before ambulating in a.m.  
Lifestyle  
- Smoking and e-cigarette cessation with goal to be nicotine-free  
- Smoking Cessation Best Practice Guidelines can be found at: http://rnao.ca/sites/rnao-ca/files/Integrating_Smoking_Cessation_into_Daily_Nursing_Practice.pdf  
- Pain management  
- Rest/Activity  
Diagnostic testing  
- Target ranges for A1C, Blood sugar and cholesterol levels  
Skin Care  
- Wound self care  
- Understands need of debridement  
- Wash legs thoroughly prior to dressing changes  
- Skin care (avoid soaking feet, clean and gently dry well between and under toes, avoid using cream between toes unless antifungal)  
- Nail care (suggest use of foot care specialist)  
- Encourage use of laundered white diabetic socks – to be changed daily  
Foot Inspection  
- Self foot and lower-leg assessment done daily (encourage use of mirror)  
- Link to EatRight Ontario to talk to dietician www.eatrightontario.ca 1-877-510-5102  
- Encourage caregiver to assist in inspection  
- Remove shoes and socks of both feet at all medical visits to allow for professional foot inspection  
Community Supports  
- Community support groups (eg. Diabetic education and self- management sessions, walking groups, Southern Ontario Aboriginal Diabetes Initiative - SOADI)  
- Link to Waterloo Wellington Diabetes Directory can be found at http://www.waterloowellingtondiabetes.ca/us |
### Dietary
- Dietary requirements as per dietician directions
- Blood glucose testing and recording in diary

### Ability to self-manage optimized
- Review for independence or need for ongoing assistance with the following:
  - Barriers to participate (transportation, socioeconomic, social environment, other co-morbidities)
  - Cognitive ability
  - Compression application and removal
  - Review importance and potential barriers to smoking cessation at every visit
  - Wound Care – Refer to guidelines at: www.oundcare.ca
  - Adequate Hygiene
  - Professional Foot care
  - Daily foot inspection with mirror (including bottom of foot and between toes)
  - Home Environment
  - Review needs for assistance with ADL’s
  - Social/Medical/Family/Employment obligations
  - Suggested website for review www.wwselfmanagement.ca

### Coping strategies implemented into plan of care
- Review for changes:
  - Patient’s concerns and fears (including practitioner dependence)
  - Signs of anxiety or other mental health issues (e.g., delusions, hallucinations, paranoid behaviour)
  - Depression screen using Geriatric Depression Scale assessment form – GDS15;
  - Suicide assessment if applicable
  - ETOH and illicit/recreational drug use
  - Check for availability for financial compensation (e.g. private insurance, ADP, veterans medical benefits, Ontario Disability Support Program – ODSP, Non-Insured Health Benefits – NIHOB and Southern Ontario Aboriginal Diabetes Initiative – SOADI for First Nations people and Inuit)

### Family and caregiver support identified and incorporated into plan of care
- Review:
  - Availability of assistance required

### Social supports/community resources currently utilized is integrated into plan of care
- Review:
  - Family support
  - Check for availability for financial compensation (e.g. private insurance, veterans medical benefits, Ontario Disability Support Program – ODSP/Ontario Works, Non-Insured Health Benefits – NIHOB and Southern Ontario Aboriginal Diabetes Initiative – SOADI for First Nations people and Inuit)
  - Eligibility for Assistive Devices Program [ADP [lymphedema only], ODSP, High-needs fund, Veterans Affairs Canada or
  - Caregiver conflicts
  - Long or short term placement
  - Confirm that ongoing medication coverage is arranged
  - Link to Trillium Drug Benefits
  - Family support
  - Funding
  - Community resources
  - Caregiver conflicts
  - Long or short term placement
**Aboriginal Services**

- Primary Care Physician
- Community Nursing
- Advanced Wound Specialist
- Nurse Practitioner
- Infectious Disease Specialist
- Vascular Surgeon
- Dermatologist
- Plastic Surgeon
- Internist/Endocrinologist

- Mental Health Specialist
- Psychologists/Physchiatrist
- Social work
- Registered Dietitian
- Pharmacist
- Occupational Therapist
- Physiotherapist
- Physiatrist

- Chiropodist
- Lymphatic Massage
- Compression Stocking Fitter
- Cardiologist
- Certified Pedorothist
- Certified Orthotists
- Certified Prosthetist
- Podiatrist

### Professional referrals are reviewed
- Primary Care Physician
- Community Nursing
- Advanced Wound Specialist
- Nurse Practitioner
- Infectious Disease Specialist
- Vascular Surgeon
- Dermatologist
- Plastic surgeon
- Internist/Endocrinologist

- Mental Health Specialist
- Psychologists/Physchiatrist
- Social work
- Registered Dietitian
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- Chiropodist
- Lymphatic Massage
- Compression Stocking Fitter
- Cardiologist
- Certified Pedorothist
- Certified Orthotists
- Certified Prosthetist
- Podiatrist

### Appropriate documents shared
- Identify need to reassess ABPI/TPBI in 6 months
- Lower leg assessment results
- Recent vascular study results (eg. ABPI, TPBI, Transcutaneous Oxygen Pressure(TcPo₂), Laser Doppler Flowmetry, Doppler Arterial Waveforms or Segmental Doppler Pressure studies)
- Relevant consultation notes
- Diagnostic results
- Post and current treatment and education plan
- List of appropriate contact information for ongoing needs

### If wound closed send discharge summary outlining outstanding issues and teaching completed to:
- Referral source
- Most responsible physician (MRP)/nurse practitioner

- Acute care
- Complex Continuing Care/Rehab
- Long-term care
- Community care
- Primary care physician/Nurse Practitioner
- Professionals referred to
- Other _____________________________
### 22-28 Days Expected Outcomes

| Most responsible physician/nurse practitioner identified/informed | \- Communication with primary care physician and/or Nurse Practitioner to update on any significant changes in patient’s condition.
\- ‘Care Connects’ referral been completed if no responsible practitioner currently involved with patient
\- Determine if MRP/NP is part of family health team (FHT) or community health centre (CHC) and consider additional supports available |

| Assessment of wound performed and percentage of healing documented | Complete:
\- Bates-Jensen Wound Assessment Tool (BWAT), Pressure Ulcer Scale for Healing (PUSH) OR Leg Ulcer Measurement Tool (LUMT)
\- Confirm wound etiology
\- Results of LLA and ABPI/TBPI
\- May have components of other etiologies (e.g. poor vascular flow either arterial or venous or both, pressure, friction, shear)
\- Measure and document size of wound
\- Document percentage of healing since admission e.g., progressing to 20 to 30%
\- Debridement by qualified professional
\- Assessment for infection (NERDS and STONEES)
\- Potential need for wound care specialist considered if wound healing is not progressing & infection absent
\- Obtain photos following best practice as per framework for individual organization policies and procedures. Suggest following publication as guideline: [http://mydigitalpublication.com/publication/?i=206722](http://mydigitalpublication.com/publication/?i=206722) |

| 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. |

| Wound treatment/compression plan is being followed | Review:
\- Refer to Wound Bed Preparation Paradigm for wound healing
\- Wound Care link: [http://wwwoundcare.ca/105](http://wwwoundcare.ca/105)
\- Adherence to plan
\- Real or potential barriers to wound treatment plan
\- Identify appropriate footwear options related to compression wraps
\- Consider required referrals and follow up with previous referrals
\- Consider appropriate compression according to guidelines for ABPI/TBPI and LLA
\- Barriers to compression adherence including need for ‘Compression For Life’ |

| Compression therapy is gold standard of care |
\- Compression wraps for healing and 4 weeks after closure
\- Compression garments obtained when wound ~95% closed
\- Compression garments once closed and to continue for life |

| Pain management reviewed | Review for changes
\- Brief Pain Inventory Short Form (BPI-SF)
\- Identify type of pain
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.
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
\- Obtain physician/nurse practitioner orders for analgesics required pharmaceutical treatments (opioids and non-opioids)
\- Non-pharmacological pain control options |

***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***
<table>
<thead>
<tr>
<th>Medical/surgical history and co-morbidity management considered within care plan</th>
<th>Review for changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication reconciliation and their impact on wound healing reviewed</td>
<td>Review for changes</td>
</tr>
<tr>
<td>Recent blood work and other diagnostic test results reviewed and implications for wound healing considered</td>
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</tr>
<tr>
<td>Home Glycemic Control and Monitoring if diabetic</td>
<td>BS and A1C are within recommended range per responsible physician or NP</td>
</tr>
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<td>Bilateral lower leg assessment completed</td>
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<td>Patient's nutritional status optimized</td>
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<td>Patient/caregiver educational needs reviewed using ‘teach-back’ method</td>
<td>Activity</td>
</tr>
<tr>
<td>Safety</td>
<td>Compression</td>
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<tr>
<td>Calf-muscle exercises</td>
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This pathway is provided as an information resource for health care professionals. It is intended to compliment, but not replace clinical judgment.

Final Version May 4, 2016
- Daily foot inspection with mirror (including bottom of foot and between toes)
- Home Environment
- Review needs for assistance with ADL’s
- Social/Medical/Family/Employment obligations
- Suggested website for review www.wwselfmanagement.ca

### Coping strategies implemented into plan of care

- Review for changes
  - Patient’s concerns and fears (including practitioner dependence)
  - Signs of anxiety or other mental health issues (e.g., delusions, hallucinations, paranoid behaviour)
  - Depression screen using Geriatric Depression Scale assessment form – GDS15;
  - Suicide assessment if applicable
  - ETOH and illicit /recreational drug use
  - 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)

### Family and caregiver support identified and incorporated into plan of care

- Review:
  - Availability of assistance required

### Social supports/community resources currently utilized is integrated into plan of care

- Family support
- 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)
- Eligibility for Assistive Devices Program (ADP [lymphedema only], ODSP, High-needs fund, Veterans Affairs Canada or Aboriginal Services)
- Caregiver conflicts
- Long or short term placement

### Assistance provided for financial concerns patient is experiencing

- Review:
  - Private insurance availability
  - Eligibility for ADP [lymphedema only], ODSP, High-needs fund, Veterans Affairs Canada or Aboriginal Services

### Professional referral status reviewed

<table>
<thead>
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<th>Professional Referral Status</th>
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Physician/nurse practitioner orders received as required to change plan of care including agreement to professional recommendations

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<td>- Lower leg assessment results</td>
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- Acute care
- Complex Continuing Care/Rehab
- Long-term care
- Community care
- Primary care physician/Nurse Practitioner
- Professionals referred to
- Other _____________________________
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<tr>
<th>77-84 Days Expected Outcomes</th>
<th>Notes</th>
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| Most responsible physician/nurse practitioner identified/informed                          | • Communication with primary care physician and/or Nurse Practitioner to update on any significant changes in patient’s condition.  
• ‘Care Connects’ referral been completed if no responsible practicioner currently involved with patient  
• Determine if MRP/NP is part of family health team (FHT) or community health centre (CHC) and consider additional supports available |
| Assessment of wound performed and percentage of healing documented                           | Complete:                                                                                |
| 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. | • Bates-Jensen Wound Assessment Tool (BWAT), Pressure Ulcer Scale for Healing (PUSH) OR Leg Ulcer Measurement Tool (LUMT)  
• 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)  
• Assessment for infection (NERDS and STONEES)  
• Results of LLA and ABPI/TPBI  
• May have components of other etiologies (e.g. poor vascular flow either arterial or venous or both, pressure, friction, sheer)  
• Measure and document size of wound  
• Document percentage of healing since admission e.g., progressing to 20 to 30%  
• Debridement by qualified professional  
• Assessment for infection (NERDS and STONEES)  
• Potential need for wound care specialist considered if wound healing is not progressing & infection absent  
• Obtain photos following best practice as per framework for individual organization policies and procedures. Suggest following publication as guideline: http://mydigitalpublication.com/publication/?i=206722 |
| Wound treatment/compression plan is being followed                                           | Review:                                                                                  |
| Compression therapy is gold standard of care                                                | • Refer to Wound Bed Preparation Paradigm for wound healing  
• Wound Care link: http://wwwwoundcare.ca/105/  
• Adherence to plan  
• Real or potential barriers to wound treatment and compression plan including ‘Compression for Life’  
• Identify appropriate footwear options related to compression wraps  
• Consider appropriate compression according to guidelines for ABPI/TBPI and LLA |
| Pain management reviewed                                                                  | Review for changes                                                                        |
| Medical/surgical history and co-morbidity management considered within care plan          | • Brief Pain Inventory Short Form (BPI-SF)  
• Identify type of pain 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.  
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  
• Obtain physician/nurse practitioner orders for pharmaceutical treatments (opioids and non-opioids)  
• Non-pharmacological pain control options |

This pathway is provided as an information resource for health care professionals.  
It is intended to compliment, but not replace clinical judgment. Final Version May 4, 2016
| Medication reconciliation and their impact on wound healing reviewed | Confirm there are no changes  
- Prescription, non-prescription, naturopathic and illicit drug use |
| Recent blood work and other diagnostic test results reviewed and implications for wound healing considered |  
- Determine bloodwork and other diagnostic tests required |
| Home Glycemic Control and Monitoring if diabetic |  
- BS and A1C are within recommended range per responsible physician or NP  
- Use of glucose log book (Diabetes Passport)  
- Adequate insulin supplies  
- Glucometer and required supplies  
- Assess for barriers in monitoring glycemic control |
| Bilateral lower leg assessment completed |  
1. ABPI/TPBI completed within last 3 mths and results documented  
2. If unable to obtain ABPI/TPBI, referral to medical imaging for vascular studies is recommended  
3. Repeat ABPI/TPBI assessment every 3 months if healing is not progressing  
4. Bilateral Lower Leg Assessment that includes:  
- Leg measurements (foot, ankle, calf, thigh)  
- Nail changes (thicker, dry, crumbly, presence of fungal infection)  
- Assess interdigital spaces  
- Presence of callous or corns  
- Presence of varicosities (varicose veins)  
- Ankle flare  
- Drainage on socks  
- Measurement of edema  
- Dermatological changes due to impaired blood flow |
| Patient’s nutritional status optimized | Review:  
- Review recent Dietary Consult if applicable  
- Recent blood work results  
- Significant weight changes  
- Adherence to diet plan  
- Identify barriers/risk factors to healthy eating |
| Patient and caregiver concerns and goals integrated into the care plan and shared with care team | Confirm there are no changes:  
- Cardiff Wound Impact Questionnaire; OR World Health Organization Quality of Life (WHOQOL) form |
| Patient counselled on the benefit of activity rest, and leg elevation for wound healing | Review for changes:  
- Recent changes in overall activity level  
- Daily routine  
- Personal assistance available to perform activities of daily living  
- Manual dexterity of hands for application and removal of compression  
- Ankle range of motion allowing for calf muscle pump to function - consider PT referral for assessment  
- Determine where patient sleeps at night  
- Mobility and dexterity aids currently being used  
- Safety of transfers  
- Recommendations for exercise and leg elevation above level of the heart – encourage walking |
| Patient/caregiver educational needs reviewed using ‘teach-back’ method | Activity  
- Leg elevation  
- Calf-muscle exercises  
Diagnostic testing  
- Target ranges for A1C, Blood sugar and cholesterol levels |

Normal blood glucose ranges are needed for wound healing to occur
<table>
<thead>
<tr>
<th>Safety</th>
<th>Skin Care</th>
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</table>
| - Encourage appropriate footwear should be worn at all times when weight bearing as discussed with foot care specialist  
- Prevention of injury – avoid extremes (hot/cold, loose/tight)  
- When to call primary care giver (eg. signs and symptoms of infection, deep vein thrombosis, cellulitis, impaired blood flow, difficulties with compression)  
- Examination of footwear, orthotics and offloading devices for foreign objects, wear pattern, pressure points and presence of wound drainage | - Wound self care  
- Understands need of debridement  
- Wash legs thoroughly prior to dressing changes  
- Skin care (avoid soaking feet, clean and gently dry well between and under toes, avoid using cream between toes unless antifungal)  
- Nail care (suggest use of foot care specialist)  
- Encourage use of laundered white diabetic socks – to be changed daily |
| Compression |  |
| - Compression ‘for life’ if applicable  
- Risks of compression  
- Compression application and removal  
- Remove compression stockings at bedtime when legs are elevated and re-apply before ambulating in a.m. |  |
| Lifestyle |  |
| - Smoking and e-cigarette cessation with goal to be nicotine-free  
Smoking Cessation Best Practice Guidelines can be found at: [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)  
- Pain management  
- Rest/Activity |  |
| Dietary |  |
| - Dietary requirements as per dietician directions  
- Blood glucose testing and recording in diary  
- Link to EatRight Ontario to talk to dietician [www.eatrightontario.ca](http://www.eatrightontario.ca) 1-877-510-5102 |  |
| Foot Inspection | Community Supports |
| - Self foot and lower-leg assessment done daily (encourage use of mirror)  
- Encourage caregiver to assist in inspection  
- Remove shoes and socks of both feet at all medical visits to allow for professional foot inspection | - Community support groups (eg. Diabetic education and self-management sessions, walking groups, Southern Ontario Aboriginal Diabetes Initiative - SOADI)  
- Other ____________________________ |

**Ability to self-manage optimized**

Review for independence or need for ongoing assistance with the following:

- Barriers to participate (transportation, socioeconomic, social environment, other co-morbidities)
- Cognitive ability
- Compression application and removal
- Review importance and potential barriers to smoking cessation at every visit
- Wound Care – Refer to guidelines at: [www.oundcare.ca](http://www.oundcare.ca)
- Adequate Hygeine
- Professional Foot care
- Daily foot inspection with mirror (including bottom of foot and between toes)
- Home Environment
- Review needs for assistance with ADL's
- Social/Medical/Family/Employment obligations
- Suggested website for review www.wwselfmanagement.ca

**Coping strategies implemented into plan of care**

- Patient’s concerns and fears (including practitioner dependence)
- Signs of anxiety or other mental health issues (e.g., delusions, hallucinations, paranoid behaviour)
- Depression screen using Geriatric Depression Scale assessment form – GDS15;
- Suicide assessment if applicable
- ETOH and illicit /recreational drug use
- 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)

**Family and caregiver support identified and incorporated into plan of care**

- Family support
- 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)
- Eligibility for Assistive Devices Program (ADP [lymphedema only], ODSP, High-needs fund, Veterans Affairs Canada or Aboriginal Services)
- Caregiver conflicts
- Long or short term placement

**Social supports/community resources currently utilized is integrated into plan of care**

- Confirm that ongoing medication coverage is arranged
- Family support
- Funding
- Community resources
- Caregiver conflicts
- Long or short term placement
- Compression Fitters list go to: http://wwwoundcare.ca/106/

**Assistance provided for financial concerns patient is experiencing**

- Confirm there are no changes
- Private insurance availability
- Eligibility for Assistive Devices Program (ADP [lymphedema only], ODSP, High-needs fund, Veterans Affairs Canada or Aboriginal Services)

**Professional referral status reviewed**

| □ Professional Care Physician | □ Mental Health Specialist |
| □ Community Nursing | □ Psychologists/Physiatrist |
| □ Advanced Wound Specialist | □ Social work |
| □ Registered Dietitian | □ Chiropodist |
| □ Lymphatic Massage | □ Compression Stocking Fitter |
| □ Cardiologist | }
This pathway is provided as an information resource for health care professionals. It is intended to compliment, but not replace clinical judgment.

**Physician/nurse practitioner orders received as required to change plan of care including agreement to professional recommendations**

| □ Nurse Practitioner | □ Pharmacist |
| □ Infectious Disease Specialist | □ Occupational Therapist |
| □ Vascular Surgeon | □ Physiotherapist |
| □ Dermatologist | □ Physiatrist |
| □ Plastic surgeon | |
| □ Internist/Endocrinologist | |

| □ Certified Pedorthist |
| □ Certified Orthotists |
| □ Certified Prosthetist |
| □ Podiatrist |

**Appropriate documents shared**

- Identify need to reassess ABPI/TPBI in 6 months
- Lower leg assessment results
- Recent vascular study results (eg. ABPI, TPBI, Transcutaneous Oxygen Pressure(TcPo2), Laser Doppler Flowmetry, Doppler Arterial Waveforms or Segmental Doppler Pressure studies)
- Relevant consultation notes
- Diagnostic results
- Post and current treatment and education plan
- List of appropriate contact information for ongoing needs

If wound closed send discharge summary outlining outstanding issues and teaching completed to:

- Referral source
- Most responsible physician (MRP)/nurse practitioner

| □ Acute care |
| □ Complex Continuing Care/Rehab |
| □ Long-term care |
| □ Community care |
| □ Primary care physician/Nurse Practitioner |
| □ Professionals referred to |
| □ Other _____________________________ |

**Collaborative team/patient conference arranged to discuss barriers to healing and care plan if progression to healing is stalled**

- Arrange a Collaborative team/patient meeting to discuss barriers to healing and care plan
<table>
<thead>
<tr>
<th>91-98 Days Expected Outcomes</th>
<th>Notes</th>
</tr>
</thead>
</table>
| **Most responsible physician/nurse practitioner identified/informed** | - Communication with primary care physician and/or Nurse Practitioner to update on any significant changes in patient’s condition.  
- ‘Care Connects’ referral been completed if no responsible practitioner currently involved with patient  
- Determine if MRP/NP is part of family health team (FHT) or community health centre (CHC) and consider additional supports available |
| **Assessment of wound performed and percentage of healing documented** | Complete:  
- Bates-Jensen Wound Assessment Tool (BWAT); OR Leg Ulcer Measurement Tool (LUMT)  
- Document percentage of healing since admission (expected to be closed at 12 weeks)  
- 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)  
- Assessment for infection (NERDS and STONEES)  
- Potential need for wound care specialist considered if wound healing is not progressing and infection is absent  
- Obtain photos following best practice as per framework for individual organization policies & procedures. Suggest following publication as guideline: http://mydigitalpublication.com/publication/?i=206722 |
| **Wound treatment/compression plan is being followed** | Review:  
- Refer to Wound Bed Preparation Paradigm for wound healing  
- Wound Care link: http://wwwoundcare.ca/105  
- Adherence to plan  
- Real or potential barriers to wound treatment plan  
- Identify appropriate footwear options related to compression wraps  
- Consider required referrals and follow up with previous referrals  
- Consider compression wrapping if appropriate considering ABPI/TBPI and LLA results  
- Barriers to compression adherence including need for ‘Compression For Life’  
***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*** |
| **Pain management reviewed** | Review for changes  
- Brief Pain Inventory Short Form (BPI-SF)  
- Identify type of pain  
  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.  
  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  
- Obtain physician/nurse practitioner orders for pharmaceutical treatments (opioids and non-opioids)  
- Non-pharmacological pain control options |
| **Medical/surgical history and co-morbidity management considered within care plan** | Confirm there are no changes |
| **Medication reconciliation and their impact on wound healing reviewed** | Confirm there are no changes  
- Prescription, non-prescription, naturopathic and illicit drug use |
| **Recent blood work and other diagnostic test results reviewed and** | Determine bloodwork and other diagnostic tests required |
**This pathway is provided as an information resource for health care professionals. It is intended to compliment, but not replace clinical judgment.**

| Home Glycemic Control and Monitoring if diabetic | • BS and A1C are within recommended range per responsible physician or NP  
• Use of glucose log book (Diabetes Passport)  
• Adequate insulin supplies  
• Glucometer and required supplies  
• Assess for barriers in monitoring glycemic control |

| Bilateral lower leg assessment completed | 1. ABPI/TPBI completed within last 3 mths and results documented  
2. If unable to obtain ABPI/TPBI, referral to medical imaging for vascular studies is recommended  
3. Repeat ABPI/TPBI assessment every 3 months if healing is not progressing  
4. Bilateral Lower Leg Assessment that includes:  
• Leg measurements (foot, ankle, calf, thigh)  
• Nail changes (thicker, dry, crumbly, presence of fungal infection)  
• Assess interdigital spaces  
• Presence of callous or corns  
• Presence of varicosities (varicose veins)  
• Ankle Flare  
• Drainage on socks  
• Measurement of edema  
• Dermatological changes due to impaired blood flow to impaired blood flow |

| Patient’s nutritional status optimized | Confirm there are no changes:  
• Recent blood work results  
• Significant weight changes  
• Adherence to diet plan  
• Identify barriers/risk factors to healthy eating |

| Patient and caregiver concerns and goals integrated into the care plan and shared with care team | Confirm there are no changes:  
• Cardiff Wound Impact Questionnaire; OR World Health Organization Quality of Life (WHOQOL) form |

| Patient counselled on the benefit of activity rest, and leg elevation for wound healing | Review for changes:  
• Recent changes in overall activity level  
• Daily routine  
• Personal assistance available to perform activities of daily living  
• Manual dexterity of hands for application and removal of compression  
• Ankle range of motion allowing for calf muscle pump to function - consider PT referral for assessment  
• Determine where patient sleeps at night  
• Mobility and dexterity aids currently being used  
• Safety of transfers  
• Recommendations for exercise and leg elevation above level of the heart – encourage walking |

| Patient/caregiver educational needs reviewed using ‘teach-back’ method | Activity  
• Leg elevation  
• Calf-muscle exercises  

Safety  
• Encourage appropriate footwear should be worn at all times when weight bearing as discussed with foot care specialist  
• Prevention of injury – avoid extremes |

| Diagnostic testing | • Target ranges for A1C, Blood sugar and cholesterol levels  

Skin Care  
• Wound self care  
• Understands need of debridement  
• Wash legs thoroughly prior to dressing changes |

Normal blood glucose ranges are needed for wound healing to occur
<table>
<thead>
<tr>
<th><strong>Ability to self-manage optimized</strong></th>
<th><strong>Review for independence or need for ongoing assistance with the following:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(hot/cold, loose/tight)</td>
<td>• Barriers to participate (transportation, socioeconomic, social environment, other co-morbidities)</td>
</tr>
<tr>
<td>• When to call primary care giver (e.g. signs and symptoms of infection, deep vein thrombosis, cellulitis, impaired blood flow, difficulties with compression)</td>
<td>• Cognitive ability</td>
</tr>
<tr>
<td>• Examination of footwear, orthotics and offloading devices for foreign objects, wear pattern, pressure points and presence of wound drainage</td>
<td>• Compression application and removal</td>
</tr>
<tr>
<td><strong>Compression</strong></td>
<td>• Review importance and potential barriers to smoking cessation at every visit</td>
</tr>
<tr>
<td>• Compression ‘for life’ if applicable</td>
<td>• Wound Care – Refer to guidelines at: <a href="http://www.oundcare.ca">www.oundcare.ca</a></td>
</tr>
<tr>
<td>• Risks of compression</td>
<td>• Adequate Hygiene</td>
</tr>
<tr>
<td>• Compression application and removal</td>
<td>• Professional Foot care</td>
</tr>
<tr>
<td>• Remove compression stockings at bedtime when legs are elevated and re-apply before ambulating in a.m.</td>
<td>• Daily foot inspection with mirror(including bottom of foot and between toes)</td>
</tr>
<tr>
<td><strong>Lifestyle</strong></td>
<td>• Home Environment</td>
</tr>
<tr>
<td>• Smoking and e-cigarette cessation with goal to be nicotene-free</td>
<td>• Review needs for assistance with ADL’s</td>
</tr>
<tr>
<td>Smoking Cessation Best Practice Guidelines can be found at: <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></td>
<td>• Social/Medical/Family/Employment obligations</td>
</tr>
<tr>
<td>• Pain management</td>
<td>• Suggested website for review <a href="http://www.wwselfmanagement.ca">www.wwselfmanagement.ca</a></td>
</tr>
<tr>
<td>• Rest/Activity</td>
<td><strong>Coping strategies implemented into plan of care</strong></td>
</tr>
<tr>
<td><strong>Dietary</strong></td>
<td><strong>Review for changes</strong></td>
</tr>
<tr>
<td>• Dietary requirements as per dietician directions</td>
<td>• Patient’s concerns and fears (including practitioner dependence)</td>
</tr>
<tr>
<td>• Blood glucose testing and recording in diary</td>
<td><strong>Skin care (avoid soaking feet, clean and gently dry well between and under toes, avoid using cream between toes unless antifungal)</strong></td>
</tr>
<tr>
<td>• Link to EatRight Ontario to talk to dietician <a href="http://www.eatrightontario.ca">www.eatrightontario.ca</a> 1-877-510-5102</td>
<td>• Nail care (suggest use of foot care specialist)</td>
</tr>
<tr>
<td><strong>Foot Inspection</strong></td>
<td>• Encourage use of laundered white diabetic socks – to be changed daily</td>
</tr>
<tr>
<td>• Self foot and lower-leg assessment done daily (encourage use of mirror) ‘Diabetes, Healthy Feet and You Brochure’ can be found at: <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></td>
<td><strong>Community Supports</strong></td>
</tr>
<tr>
<td>• Encourage caregiver to assist in inspection</td>
<td>• Community support groups (e.g. Diabetic education and self-management sessions, walking groups, Southern Ontario Aboriginal Diabetes Initiative - SOADI)</td>
</tr>
<tr>
<td>• Remove shoes and socks of both feet at all medical visits to allow for professional foot inspection</td>
<td>• 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></td>
</tr>
<tr>
<td><strong>Other ___________________________</strong></td>
<td>• Other ___________________________</td>
</tr>
<tr>
<td>Family and caregiver support identified and incorporated into plan of care</td>
<td>Confirm there are no changes</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>Signs of anxiety or other mental health issues (e.g., delusions, hallucinations, paranoid behaviour)</td>
<td>Availability of assistance required</td>
</tr>
<tr>
<td>Depression screen using Geriatric Depression Scale assessment form –GDS15;</td>
<td></td>
</tr>
<tr>
<td>Suicide assessment if applicable</td>
<td></td>
</tr>
<tr>
<td>ETOH and illicit /recreational drug use</td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
</tr>
</tbody>
</table>

### Social supports/community resources currently utilized is integrated into plan of care

- **Family support**
- 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)
- Eligibility for Assistive Devices Program (ADP [lymphedema only], ODSP, High-needs fund, Veterans Affairs Canada or Aboriginal Services)
- Caregiver conflicts

### Professional referral status reviewed

| Primary Care Physician | Mental Health Specialist |
| Community Nursing | Psychologists/Physiatrist |
| Advanced Wound Specialist | Social work |
| Nurse Practitioner | Registered Dietitian |
| Infectious Disease Specialist | Pharmacist |
| Vascular Surgeon | Occupational Therapist |
| Dermatologist | Physiotherapist |
| Plastic surgeon | Physiatrist |
| Internist/Endocrinologist | Chiropodist |
| Lymphatic Massage | Compression Stocking Fitter |
| Compression Fitters list go to: | Cardiologist |
| Cardiologist | Certified Pedorthist |
| Certified Orthotists | Certified Prosthetist |
| Certified Prosthetist | Podiatrist |

### Physician/nurse practitioner orders received as required to change plan of care including agreement to professional referral recommendations

- Acute care
- Long-term care
- Community care
- Primary care physician/Nurse Practitioner
- Professionals referred to
- Other ____________________________

### Appropriate documents shared

- referral source
- most responsible physician (MRP)/nurse practitioner (NP)
- identify need to reaccess ABPI/TPBI in 6 months

### Collaborative team/patient conference arranged to discuss barriers to healing and care plan if progression to healing is stalled

- Arrange a Collaborative team/patient meeting to discuss barriers to healing and care plan