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

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

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

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

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

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

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

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

5. ABPI readings	
Left	**Right**

6. Diagnosis	
Left	**Right**

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

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

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

Developed by: Tissue Viability and Lymphoedema Service and The Skin Integrity Team. Updated July 2024 v2. For Review July 2027.