

Venous leg ulcer guidelines



Goals

- Elevation to reduce edema
- Ambulation to improve venous return
- Avoidance of trauma and pressure to the skin
- Management of patient reported pain

Considerations

- These guidelines are appropriate for both ambulatory and non-ambulatory individuals
- Compression should be applied as early in the day as possible, preferably before getting out of bed
- Some level of compression is better than none
- ABI/TBI or other vascular studies to be done prior to compression
- Patients with diabetes may have a falsely elevated ABI due to arterial calcification. Consider TBI
- Caution should be used with patients with a history of CHF due to potential for fluid overload
- Individuals may have mixed Arterial/Venous disease
- For individuals that cannot or will not tolerate standard levels of compression due to discomfort, consider a double layer of Medigrip LF. When patient is able to tolerate, transition to CompreCares Reusable Compression Garment. Sizing charts available on medline.com
- A healthcare provider should choose these or similar products at their own discretion based off patient needs

Topical Care	Compression	Nutrition
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Prevention protocol

<p>Cleanse limb with Remedy No-Rinse Foam Cleanser. Dry skin and liberally apply Remedy Skin Cream.</p>	<p>CompreCares Reusable Compression Garment or compression stockings.</p>	<p>Consult dietary team Consider: • Active liquid protein • Active liquid protein sugar free • Gelatein • Gelatein 20 (sugar free)</p>
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Treatment protocol

<p>Cleanse limb with Remedy No-Rinse Foam Cleanser. Dry skin and liberally apply Remedy Silicone Cream to entire extremity excluding the wound. If extremity excluding the wound is denuded or irritated, apply a thin layer of Remedy Zinc Oxide Paste as an alternative. For topical dressing selection, follow DIMES Guidelines.</p>	<p>Re-verify provider order for all compression. Apply TwoFlex Lite (20-30 mm Hg), TwoFlex (30-40 mm Hg) or TwoFlex XL (30-40 mmHg). Change Q7 days and PRN x 2 weeks or when edema has stabilized, or when lymphatic drainage has subsided. Transition to CompreCares Reusable Compression Garment (20-50 mm Hg).</p>	<p>Consult dietary team Consider: • Active liquid protein critical care • Argument AT • Gelatein • Gelatein 20 (sugar free)</p>
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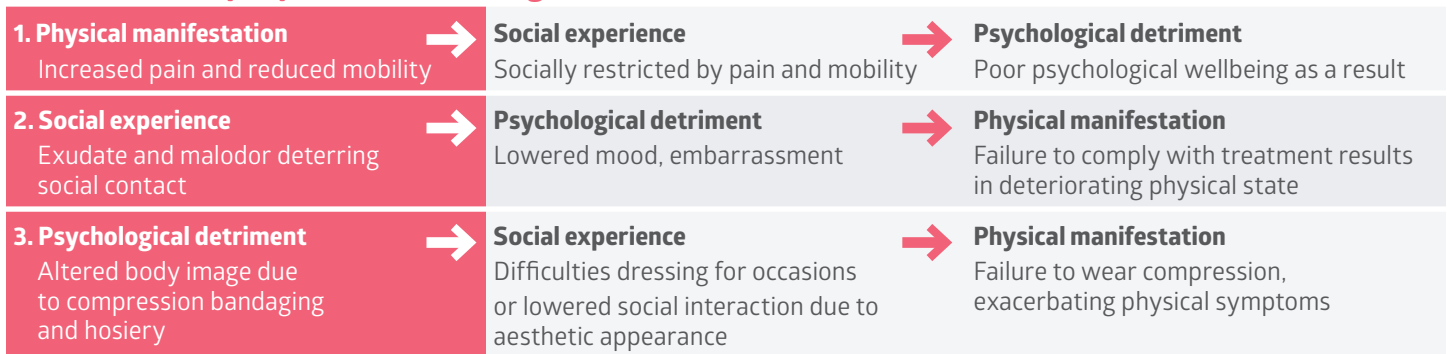
Post wound closure protocol

<p>Consider using Marathon over scar tissue and refer to prevention topical care above.</p>	<p>Continue use of CompreCares Reusable Compression Garment.</p>	<p>Continue use of dietary measures noted above.</p>
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Location	Appearance		Nutrition
Venous ulcer characteristics¹			
Gaiter area—distal 3rd of lower leg Medial malleolus May be circumferential	Irregular edges Red/yellow wound bed Heavy exudate Peri wound hemosiderin	Atrophe Blanche Ankle flare Lipodermatosclerosis Surrounding skin—macerated, crusted, scaling	Consult dietary team Consider: • Active liquid protein • Active liquid protein sugar free • Gelatein • Gelatein 20 (sugar free)









ABI Value	Interpretation	Recommendation
Ankle Brachial Index (ABI) chart		
Greater than 1.4	Calcification/Vessel hardening	Refer to vascular specialist
1.0 - 1.4	Normal	None
0.9 - 1.0	Acceptable	None
0.8 - 0.9	Some arterial disease	Manage risk factors
0.5 - 0.8	Moderate arterial disease	Refer to vascular specialist
Less than 0.5	Severe arterial disease	Refer to vascular specialist

Relationships between physical, social and psychological wellbeing and behavior in people with venous leg ulcers²



Product Education Guides

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Medline Remedy Clinical No-Rinse Foam Cleanser MSC092104	Medline Remedy Clinical Skin Skin Cream MSC0924002	Medline Remedy Clinical Silicone Cream MSC092532	Medline Remedy Clinical Zinc Oxide Paste MSC092542	TwoFlex MSC6800	CompreCares MSC1401	MediGrip LF MSC9501	Marathon MSC093001

See product packaging for more information.

Reference: 1. Heather Newton. Leg Ulcers: Differences between venous and arterial. Wounds UK- Wound Essentials. <https://www.wounds-uk.com/download/resource/1165> Accessed August 10, 2020. 2. Isaac A, Watson C. How venous leg ulcers affect quality of life. *Primary Health Care*. April 2016. Vol26, No3.

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