

# LEG ULCER ASSESSMENT & MANAGEMENT WORKBOOK

Author Pauline Robinson 2024

## DETAILS

Name:

Base:

Start date:

Completion Date:

## Introduction



This workbook will help you to develop the knowledge, understanding and skill of this highly complex subject and make the most of your learning experience.

There are over 40 causes of leg ulceration. This workbook will teach you the fundamentals.

To become a confident and competent practitioner will require you to undertake further self-directed study.

This workbook, in conjunction with the National Wound Care Strategy e-learning modules, is aimed at employees whose clinical role involves first line management and treatment of patients with wounds on the lower limb.



Scan the QR codes throughout the workbook to open linked documents

It is essential that you identify your named Tissue Viability Nurse in practice to support you with this training. You must also agree some self-directed study time with your Clinical Lead.

As there is a practical element to this training you will need to arrange some supervised practice with your named Tissue Viability Nurse for your locality. You can also arrange to shadow one of the Clinicians in your local Complex Wound Clinic.

## Aims



To develop a better understanding of the factors that contribute to the development of leg ulcers.

Provide you with the theoretical knowledge to implement evidence-based treatment to patients with a wound on the lower limb.

How implementing evidence-based leg ulcer management improves clinical outcomes and prevents patients from harm.

## Objectives



To gain a better understanding of the anatomy and physiology of the vascular system

To understand the function of veins and how venous insufficiency can lead to the development of leg ulcers

Provide you with the skills to be able to perform a holistic assessment of patients with a lower limb wound to enable you to reach a differential diagnosis

Be able to recognise normal and abnormal causes of lower limb wounds and when to referral to other services is required

Provide you with the knowledge to implement evidence-based treatments for patients with wounds on the lower limb.

## Background



The Burden of Wounds Study (Guest *et al*, 2015) reported that an estimated 2.2 million wounds were managed by the NHS in 2012/13, cumulating in 10.9 million community nursing visits. The annual cost to the NHS, along with the associated comorbidities, was 5.3 billion. The study established that over 30% of chronic wounds (wounds that have failed to heal for 4 weeks or more) do not receive a full assessment, which is based on research evidence and best practice guidelines. Failure to complete a full assessment can result in ineffective treatment and contributes to delays in the rate of wound healing for patients. This has significant consequences for individuals in respect of their quality of life as failure to treat wounds correctly can lead to delays in healing or failure to heal.

Guest *et al* recognised wound management as a predominantly nurse-led discipline. Approximately 30% of wounds lacked a differential diagnosis, which indicates practical difficulties experienced by non-specialist nurses in wound management. Enhanced systems of care and an increased awareness of the impact that wounds impose on the patients and the NHS could improve clinical and economic outcomes. The increasing age profile, along with more complex comorbidities, and an increase in the prevalence of diabetes, along with the continuing high prevalence

of pressure ulcers are an indicator of the skill required in managing patients with wounds.

Effective wound management requires a holistic approach and management of any intrinsic or extrinsic factors which may impact on the healing process. Care planning and treatments must be evidence based and follow best practice guidelines, either local, national or international.

## Wound Assessment



Accurate wound assessment should include a comprehensive patient history, aetiology of the wound, condition of the wound bed and periwound area, level, colour and consistency of exudate as well as the signs of infection. The cohort of wound patients in The Burden of Wounds Study had significantly more comorbidities than the control group, highlighting the need for a holistic approach to wound management including other members of the multi-disciplinary team such as diabetic or cardiovascular specialists, rather than working in isolation and just focusing on the wound, to achieve better patient outcomes.

Ultimately, accurate assessment, increased patient involvement and appropriate interventions will result in improved patient outcomes and reduction of costs, thus improving the overall quality of care.

## Leg Ulcers



Leg ulcers refer to full thickness skin loss below the knee, on or above the malleolus due to any cause. Leg ulcers may be acute or chronic and are a sign or symptom of an underlying pathology that needs to be identified.

The main causes of lower limb ulceration are diseases of the veins or disease of the arteries. Chronic leg ulceration is a common, often poorly managed health care problem, 1.5% of the UK population are estimated to have a leg ulcer.

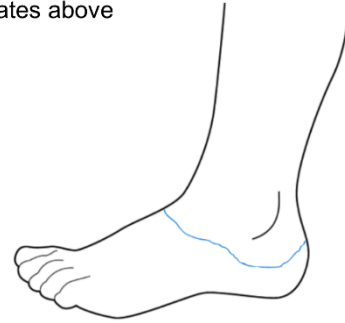
The financial burden to the NHS is estimated at £168-98 million per year for venous ulceration (Possnett and Franks, 2008), and an estimated £600-£700 million is spent on foot ulcers and amputations (Kerr, 2010).

Lower limb ulceration is not a diagnosis, it is a symptom of underlying disease, the aim of treatment is to successfully manage the underlying cause of ulceration.

Lower limb ulcers are a defect in the dermis, most commonly caused by vascular diseases, however, there are a variety of other causes such as infectious diseases, immunological, physical factors, skin tumours and other skin diseases that lead to lower limb ulceration. The treatment approaches to those different diseases can significantly differ.

A **leg ulcer** originates above the blue line.

A **foot ulcer** originates below the blue line.





# National Wound Care Strategy Programme

## Week one

Complete the tier one modules available on ESR

Module	Date Completed	Signed by TVN/Clinical Lead
Essentials of Wound Assessment		
Essentials of Leg ulceration		
Essentials of Foot at risk		
Essentials of digital wound imaging		

## Week two

Complete the tier two modules available on ESR

Module	Date Completed	Signed by TVN/Clinical Lead
Vascular Disease: Anatomy, physiology and assessment		
The foot at risk		
Choosing the right compression		

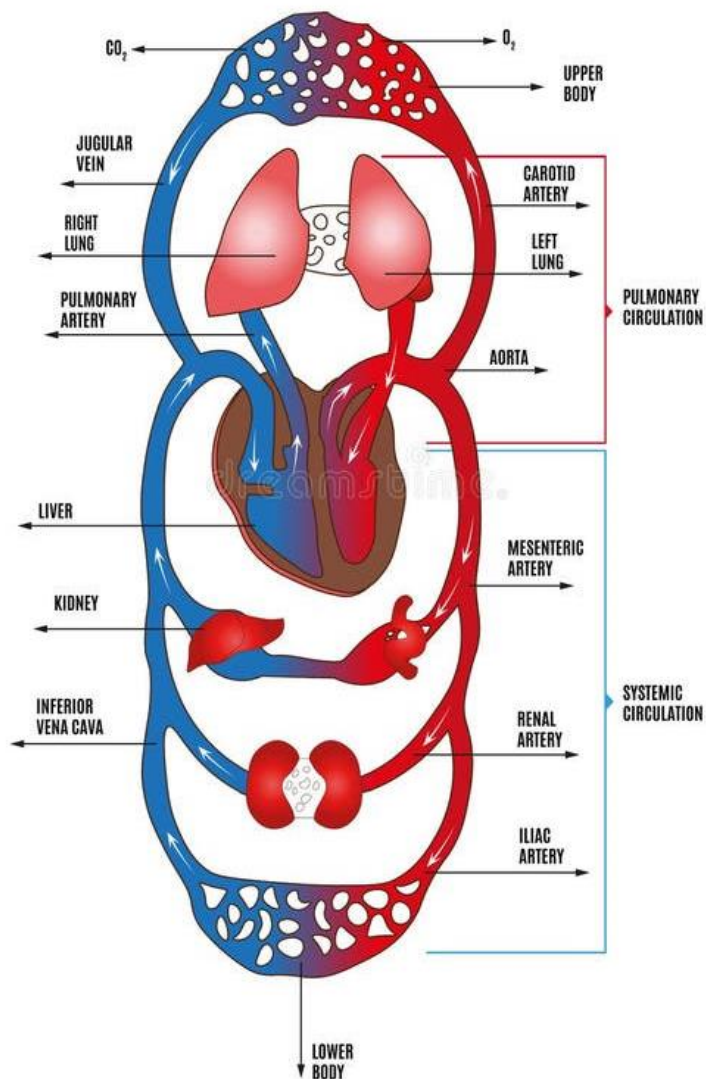
## Week three

Complete the workbook

## Week four onward

Arrange supervised practice with your Clinical Lead, Tissue Viability Nurse or the Complex Wound Clinics to complete the competencies at the end of this workbook.  
 Competencies are to be completed within 3 months of starting the workbook.

## The Cardiovascular system



The cardiovascular system consists of the heart, blood and blood vessels. Circulating blood carries vital oxygen and nutrients to the tissues and organs and transports carbon dioxide and waste to be removed by the body.

The heart is divided into two halves that form the basis of two cardiovascular circuits of blood vessels, the pulmonary circuit and the systemic circuit.

### 1. Explain the pulmonary circuit

### 2. Explain the systemic circuit

**3. What is the difference between an artery and a vein?**

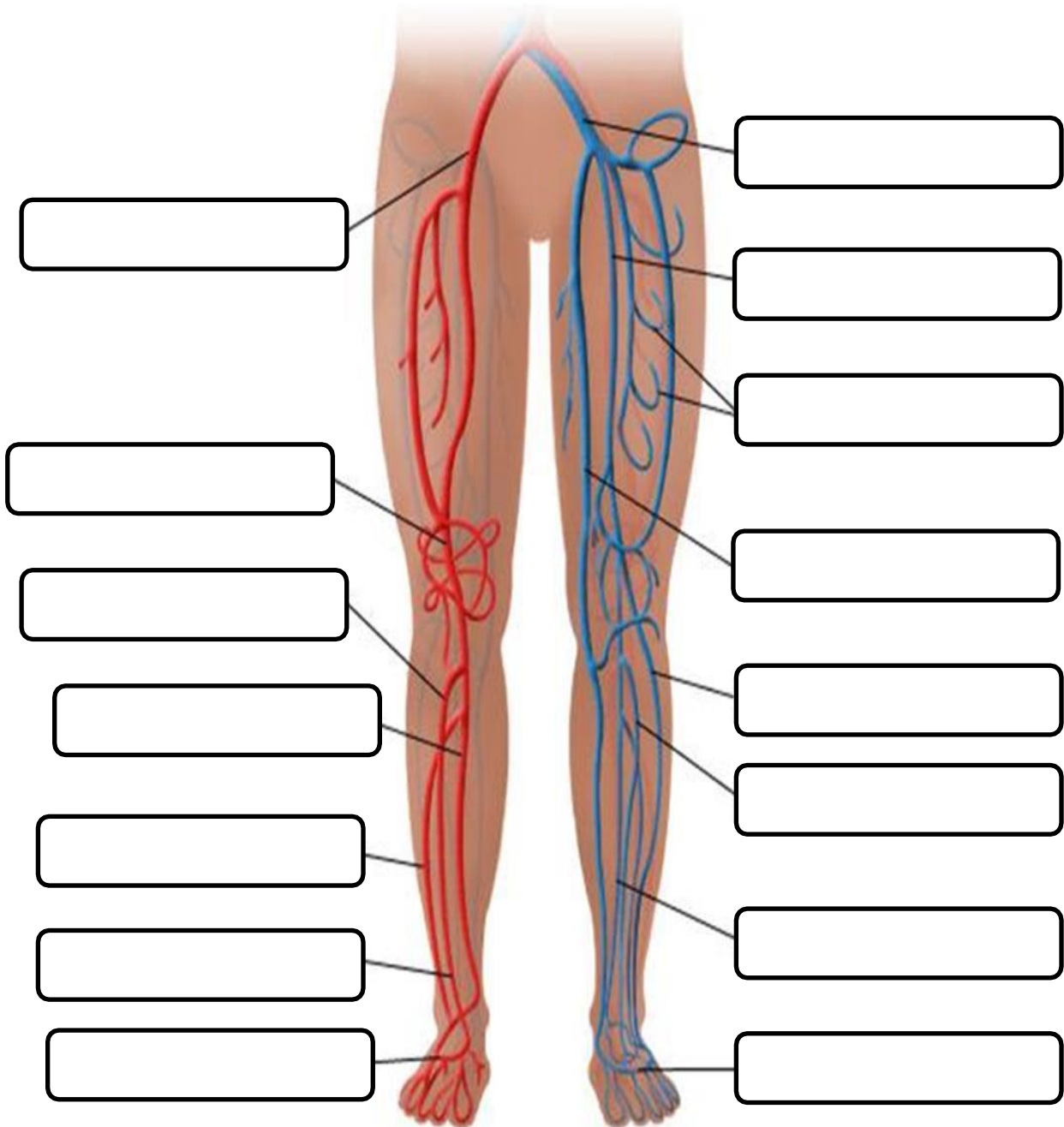
**4. Describe the difference between a deep vein, superficial vein and a perforator vein**

**5. What prevents the backflow of blood in a vein?**

**6. What is the calf muscle pump and what does it do?**



7. Label the veins and arteries in the diagram below





## Pedal Pulses

Diminished or absent pulses in the various arteries examined may be indicative of impaired blood flow due to a variety of conditions.

**1. When examining and recording the arterial pulses, what are you assessing?**

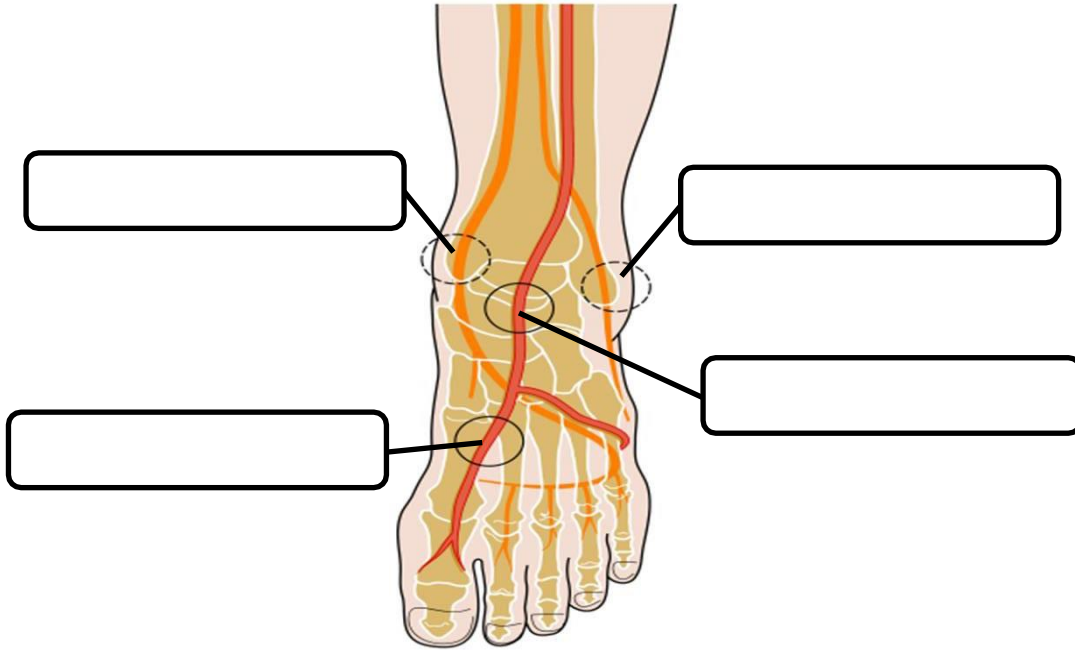
- a. Intensity
- b. Rate
- c. Rhythm
- d. Sound waves
- e. All of the above

**2. Explain the significance of assessing pedal pulses in patient care.**

**3. Describe the normal characteristics of a pedal pulse. What factors can affect its quality?**

**4. What are some common reasons for diminished or absent pedal pulses?**

5. Label the name of the pedal pulses in the diagram below



## Venous ulcers

### 1. An indicator of venous insufficiency is?

- a. Varicose veins
- b. Oedema
- c. Pain after standing
- d. All the above

### 2. Venous ulcers are caused by?

- a. Old age
- b. The aftereffects of a stroke
- c. Obesity
- d. Chronic high pressure in the leg veins

### 3. Venous ulcers may?

- a. Cause pain
- b. Have a foul odour
- c. Produce a lot of exudate
- d. All the above

### 4. Circle the signs and symptoms of venous disease.

<input type="checkbox"/> Varicose veins	<input type="checkbox"/> Intermittent claudication	<input type="checkbox"/> Induration
<input type="checkbox"/> Absent or monophasic pedal pulses	<input type="checkbox"/> Hemosiderin staining	
<input type="checkbox"/> Varicose eczema	<input type="checkbox"/> Hypertrophic nails	<input type="checkbox"/> Atrophie Blanche
<input type="checkbox"/> Decreased hair growth	<input type="checkbox"/> Ankle Flare	<input type="checkbox"/> Neuropathy
<input type="checkbox"/> Leg Fatigue or aching	<input type="checkbox"/> Skin burning and Itching	<input type="checkbox"/> Oedema
	<input type="checkbox"/> Muscle Atrophy	
<input type="checkbox"/> Ischaemic rest pain	<input type="checkbox"/> Dependent rubor	

**5. What are the primary causes and contributing factors for the development of venous leg ulcers?**

**6. How do you differentiate between venous leg ulcers and other types of leg ulcers, such as arterial or diabetic ulcers?**

**7. What role does the assessment of venous reflux play in the management of venous leg ulcers?**

**8. Discuss the various treatment modalities for venous leg ulcers, including compression therapy.**

**9. What are the key components of a comprehensive care plan for a patient with a venous leg ulcer?**

**10. How can lifestyle modifications and patient education contribute to the healing process of venous leg ulcers?**

**11. What signs of infection should nurses be vigilant for when caring for patients with venous leg ulcers?**

**12. How can interdisciplinary collaboration enhance the management and outcomes of patients with venous leg ulcers?**

## Arterial ulcers

### 1. Arterial ulcers typically occur?

- a. In the gaiter region of the leg
- b. On the top of the foot, toes or bony prominences
- c. Anywhere above the knee
- d. Only on the toes

### 2. Arterial ulcers typically have a wound bed that has?

- a. Shallow, irregular wound margins
- b. Punched out, well defined wound margins
- c. Tunnelling or undermining
- d. Dry, black and necrotic

### 3. Arterial ulcers are characterised by? Circle all correct answers

- a. Pain at night when the legs are elevated
- b. No pain
- c. Pain on walking
- d. Pain that is described as dull, heavy, aching pain

### 4. Atherosclerosis is the buildup of plaque and is cause for arterial ulcers. Which if these are not a cause of atherosclerosis?

- a. Drinking lots of water
- b. Unhealthy diet
- c. Smoking
- d. Inactivity

### 5. What are the 6 P's of peripheral arterial disease?

**6. What is peripheral arterial disease (PAD), and how does it contribute to the development of leg ulcers?**

**7. What are the key risk factors for developing PAD?**

**8. What symptoms might indicate a worsening of peripheral vascular disease in a patient with a leg ulcer?**

**9. Discuss the role of imaging studies, such as Doppler ultrasound or angiography, in diagnosing PAD.**

**10. How can lifestyle modifications help in the management and prevention of PAD?**



## Doppler Assessment

Doppler assessment is a fundamental component of a holistic assessment for all patients. Patients with a non-healing wound on the lower limb for more than two weeks duration must have a vascular assessment by means of a Doppler Ultrasound to eliminate any significant peripheral arterial disease.



Scan the QR code below to watch the training video.



### 1. ABPI stands for what?

- a. Ankle blood pressure index
- b. Ankle brachial pressure index
- c. Anterior Brachial pressure index
- d. Arm brachial pressure index

### 2. What position should a patient adopt for the Doppler assessment?

- a. Bent over
- b. Lying flat
- c. Sitting down
- d. Standing up

### 3. Ideally the probe should be place at what angle?

- a. 180 degrees
- b. 90 degrees
- c. 45 degrees
- d. 15 degrees

**4. How is the ABPI calculated?**

- a. Dividing the highest ankle pressure for each leg by the highest brachial pressure
- b. Dividing the highest ankle pressure by the lowest brachial pressure
- c. Dividing the lowest ankle pressure by the lowest brachial pressure
- d. Dividing the lowest ankle pressure by the highest brachial pressure

**5. How often should a Doppler assessment be performed once healed?**

- a. Yearly
- b. Every 6 months
- c. Quarterly
- d. Monthly

**6. Doppler transmits what through the probe?**

- a. Blood
- b. Pressure
- c. Sound waves
- d. Water

**7. Describe the basic principles of Doppler ultrasound technology and how it applies to vascular assessment.**

**8. What anatomical landmarks should you be familiar with when locating arteries for Doppler assessment?**

**9. What are the steps for properly preparing a patient for a Doppler vascular assessment?**

**10. What common patient factors can affect Doppler readings, and how should you account for these?**

**11. How do you interpret the findings from a Doppler assessment, and what actions should you take based on these results?**

**12. What are the potential complications or limitations of using a handheld Doppler in vascular assessments?**

## Compression therapy



**1. The purpose of compression therapy is to?**

- a. Promote better posture
- b. Keep dressings in place
- c. Prevent ankle injury
- d. Support venous return

**2. What is the difference between short stretch and long stretch bandaging?**

**3. What short stretch bandages are on the Surrey Formulary?**

**4. How much compression does the Urgo Ko-flex® bandage provide?**

**5. How should the Urgo Ko-flex® be applied?**

**6. How much compression does the Urgo K-Plus® bandage provide?**

**7. How should Urgo K-Plus® be applied?**

**8. How much compression does Coban provide?**

**9. How much compression does Actico provide?**

**10. You have a patient whose bandages keep slipping. They currently have a Urgo compression system. What are you going to do to prevent further bandage slippage?**

**11. What is the physiological rationale behind using compression therapy for leg ulcer management?**

**12. How do you determine the appropriate level of compression needed for a patient based on their condition?**

**13. What are the contraindications for using compression therapy in patients with leg ulcers?**

**14. What role does compression therapy play in managing venous insufficiency and preventing recurrence of leg ulcers?**

**15. What patient education is essential regarding the use and care of compression garments or bandages?**

**16. How should you monitor for complications associated with compression therapy, such as skin irritation or circulatory issues?**

**17. What interdisciplinary approaches can enhance the effectiveness of compression therapy in leg ulcer management?**



## Guidelines

**NICE** National Institute for  
Health and Care Excellence

1. NICE Clinical guideline; *Peripheral arterial disease: diagnosis and management (2012)* recommends measuring the ankle brachial pressure at which pedal arteries?



2. Name six key modifiable risk factors for peripheral arterial disease

3. What other aspects of the above guidance relate to your area of clinical practice?

**4. NICE Clinical guideline; *Varicose Veins: diagnosis and management (2013)***

**When would you recommend a referral to a vascular service?**



**5. What are the complications of varicose veins?**

**6. When should you refer to vascular services immediately?**

**7. NICE guideline; *Diabetic foot problems: prevention and management (2016)* within what timeframe should an individual with an active non-life or limb threatening diabetic foot ulcer be referred to the multidisciplinary foot care service?**



**8. What frequency should an adult have their risk of developing a diabetic foot problem assessed**

**9. When examining the risk of developing a foot problem what factors are you looking for?**

**10. Why should you interpret the results of ABPI with caution in people with diabetes?**

**11. A patient has limb threatening diabetic foot problem – what action should you take?**

**12. Why does the guideline direct you to NICE 2015 Primary Prevention of Cardiovascular Disease?**

**13. What is the first-choice antibiotic for mild diabetic foot infection in adults?**

**14. What is the alternative for people with a penicillin allergy?**

**15. What is the purpose of NICE guidelines to your area of clinical practice?**

## Betty's Story



Scan the QR to watch a YouTube video on Betty's story

1. What are the results of Betty's Doppler assessment on the optimal treatment pathway, and what is the diagnosis/aetiology of the leg ulcer following assessment?

2. What is the cost difference to community care between the suboptimal treatment pathway and the optimal pathway?

## NWCS Lower Limb Recommendations 2024



# National Wound Care Strategy Programme



Scan the QR code to open the National Wound Care Strategy lower limb recommendations.

1. List the red flag symptoms from The NWCS lower limb recommendations

2. Define immediate and necessary care as outline in the NWCS leg ulcer recommendations

3. What products on the Surrey formulary would provide mild graduated compression

4. List below what the NWCS recommend should happen within 14 days of admission to the caseload.

**5. How would you describe suboptimal care?**

**6. A patient has been on the caseload for 6 months with a wound on the lower limb. The wound has increased in size and is not healing. Other symptoms include high volume of exudate, hemosiderin staining, varicose veins, oedema and pain. They have never smoked and do not have any history of cardiovascular disease. The treatment to date has been Adaptic Touch as a primary dressing, K-soft and K-lite.**

- a. What causes the high exudate levels?
- b. What is causing the pain?
- c. From the presentation, do you think this is a venous or arterial leg ulcer?
- d. What would optimal care have looked like for this patient?
- e. What would your plan be for this patient?



- 7. Reflecting on the above scenario, what are the professional implications of not implementing best practice under the NMC code?**

## Additional Resources



### Additional YouTube videos

Understanding leg ulcers



Understanding venous insufficiency



Understanding Ankle Brachial Pressure Index (ABPI) in Peripheral Vascular Disease



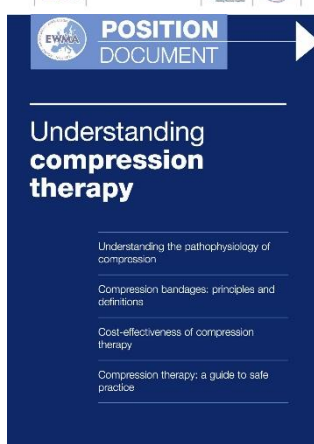
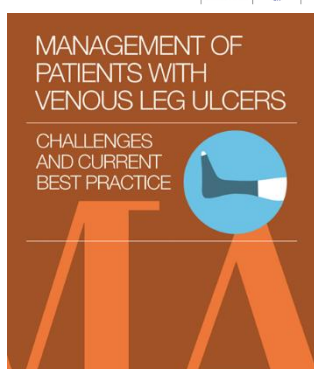
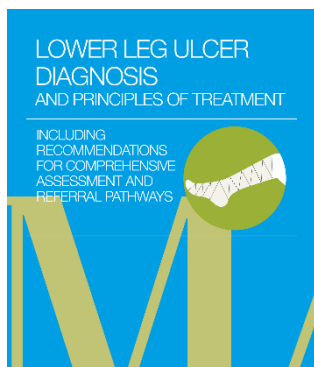
Understanding Peripheral Arterial Disease

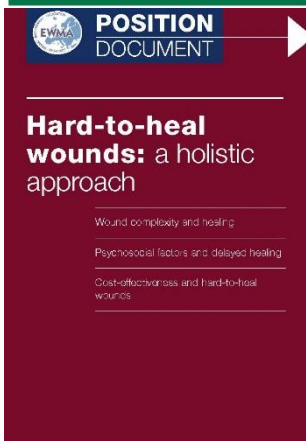
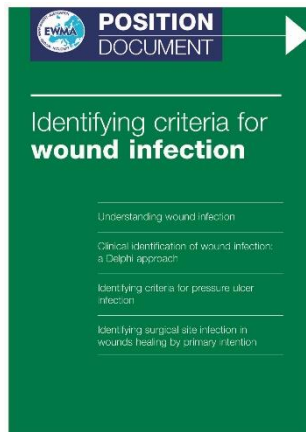




## European Wound Management Association Documents

Scan the QR codes to open the documents. Reading these documents will enhance your clinical knowledge.





## Additional free to access online training



**Foot Risk Awareness and Management Education (FRAME)**  
(Provided by NHS England)

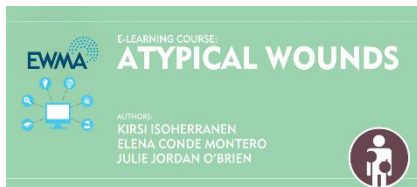


**Compression therapy in wound management**  
(Provided by EWMA)





**Basic wound management**  
(Provided by EWMA)



**Atypical wounds**  
(Provided by EWMA)



**Antimicrobial stewardship in wound management**  
(Provided by EWMA)



## Competency Tool

### Lower Limb Assessment and Doppler ABPI for Registered and Non-Registered Health Care Professionals

## COMPETENCY ASSESSMENT CRITERIA:

Novice	Basic skills and knowledge, but has development needs
Competent	Enough knowledge, skills and understanding to safely undertake procedure
Expert	Sufficient depth and breadth of knowledge and application of skills to confidently undertake procedure and can identify a way forward to further development. Can assess others in their ability to undertake this procedure competently.

AUTHOR: Pauline Robinson, Head of Tissue Viability

DATE RATIFIED: 08/10/2022

COMPETENCY APPLIES TO: REGISTERED & NON-REGISTERED HEALTHCARE PROFESSIONALS

REVIEW DATE: 01/11/28



## **Lower Limb Assessment and Doppler ABPI Competencies Assessment**

The Competencies are to be used in conjunction with;

- Nursing and Midwifery Council (NMC) (2018) The Code: professional standards of practice and behaviours for nurses, midwives and nursing associates
- NMC (2014) The Standards for Competence for registered nurses
- NMC (2018) Standards of Proficiency for Nursing Associates
- NMC (2008) The Standards to support learning and assessment in practice
- Wounds UK (2008) Best Practice Statement: Optimising Wound Care
- Wounds International (2013) Principles of Compression in Venous Disease: A Practitioners Guide to Treatment and Prevention of Venous Ulcers
- Sign (2010) Management of Chronic Venous Legs Ulcers, A National Clinical Guideline

The purpose of these competencies is to clarify the knowledge and skills expected of students, to ensure safe practice and management when caring for patients, their relatives and carers.

The student must reach a satisfactory level of competence following a period of supervised practice by a registered nurse who is a Practice Supervisor and signed as competent by a Practice Assessor who has completed recognised training in lower limb assessment and Doppler ABPI, before they can practice independently.

**COMPETENCY TITLE: Lower limb Assessment and Doppler ABPI**  
**NAME OF STUDENT**

		Student to complete	Practice Assessor to complete, sign & date in relevant box/self-evaluate			
	The student will:		Novice	Competent	Expert	Development needs
1.	Deliver person-centered care with sensitivity and compassion, respecting the dignity and diversity of patients, relatives, carers and colleagues.					
2.	Gains consent for all interventions and maintains confidentiality.					
3.	Provides accurate and meaningful verbal and non-verbal information in a polite and respectful manner to patients, relatives, carers and colleagues.					
4.	Complete documentation in accordance with organisational and professional body standards.					
5.	Demonstrates professional accountability and acts with a duty of candour.					

NB Competencies shaded in grey boxes apply to registered nurses only

6.	Has completed the workbook and e-learning modules for leg ulcer assessment and Doppler ABPI.					
7.	Can describe the indications and contraindications for performing a Doppler ABPI. i.e. oedema.					
8.	Demonstrates knowledge of the importance of preparing and resting the patient prior to performing the procedure.					
9.	Selects the appropriate size sphygmomanometer cuff.					
10.	Selects the appropriate size Doppler probe (5 MHz or 8MHZ) and can describe the difference.					
11.	Demonstrates the correct use of coupling gel.					
12.	Demonstrates accurate positioning of the Doppler probe.					
13.	Can identify and locate the four pedal pulses.					
14.	Describes the significance of the different sound waves; <ul style="list-style-type: none"> <li>• Monophasic</li> <li>• Biphasic</li> <li>• Triphasic</li> </ul>					
15.	Can differentiate between sounds of veins and arteries.					
16.	Can accurately calculate the ABPI and interpret the results.					

NB Competencies shaded in grey boxes apply to registered nurses only

17.	Performs a holistic patient assessment in conjunction with a leg ulcer assessment.					
18.	Can describe the clinical history that indicates venous aetiology.					
19.	Can describe the clinical history that indicates arterial aetiology.					
20.	Can describe the clinical history that indicates mixed aetiology.					
21.	Can describe the clinical history that indicates a diabetic foot ulcer.					
22.	Demonstrates an understanding of the different signs and symptoms of venous, arterial and diabetic ulcers in relation to; <ul style="list-style-type: none"> <li>• Cause</li> <li>• Site</li> <li>• Size</li> <li>• Duration</li> <li>• Skin changes</li> <li>• Appearance</li> <li>• Pain</li> <li>• Oedema</li> </ul>					
23.	Demonstrates knowledge of clinical investigations which support diagnosis and clinical decision making.					

NB Competencies shaded in grey boxes apply to registered nurses only

24.	Understands the rationale for recording previous ulcer history.					
25.	Can critically analyse the results of the holistic assessment and the ABPI.					
26.	Can implement a clinically appropriate care plan based on the results of a holistic assessment.					
27.	Can demonstrate when it is appropriate to refer a patient to other professionals; lead nurse, vascular surgeon, podiatrist, tissue viability nurse, GP.					
28.	Can demonstrate the importance of individualised care.					
29.	Registered students understand their accountability when delegating care to non-registered healthcare professionals.					
30.	Demonstrates an understanding of the Mental Capacity Act, in particular giving advice to patients and how to work with the non-concordant patient.					

NB Competencies shaded in grey boxes apply to registered nurses only

## INITIAL ASSESSMENT

PLEASE SELECT EITHER A OR B:

A. .... has achieved all the competencies:

B. ....requires a further period of practice /competencies. (Please see below for action plan)

Comments:

Practice Assessor signature.....PRINT NAME ..... Date.....

Student Signature..... PRINT NAME ..... Date.....

## ACTION PLAN FOR FURTHER PERIOD OF PRACTICE TO ACHIEVE THE REQUIRED COMPETENCIES

Date.....

Practice Assessor signature..... PRINT NAME.....

Student signature..... PRINT NAME.....

NB Competencies shaded in grey boxes apply to registered nurses only

## SECOND ASSESSMENT

PLEASE SELECT EITHER A OR B:

- A. .... has achieved all the competencies:
- B. ....requires a further period of practice /competencies. (Please see below for action plan)

Comments:

DATE.....

Practice Assessor signature.....PRINT NAME.....

Student signature..... PRINT NAME.....

NB Competencies shaded in grey boxes apply to registered nurses only

## Competency tool ratification criteria

Competency tool: Lower Limb Assessment and Doppler ABPI

Author: Pauline Robinson, Head of Tissue Viability

Criteria: the following criteria are met	Yes/no/NA
Lead author stated	Y
Clear to whom and in which circumstances the competency applies	Y
Completed on agreed competency tool template	Y
Readability and content adequate	Y
Includes knowledge required for the practitioner to be competent	Y
Includes Skills required for the practitioner to be competent	Y
Includes actions required following analysis for the practitioner to be competent	Y
Logical flow to the practitioners development of competency	Y

Ratified by: Skilled Workforce Group

Date: 08/10/2022

NB Competencies shaded in grey boxes apply to registered nurses only





## Competency Tool

### Compression Therapy for Registered and Non-Registered Health Care Professionals

## COMPETENCY ASSESSMENT CRITERIA:

Novice	Basic skills and knowledge, but has development needs
Competent	Enough knowledge, skills and understanding to safely undertake procedure
Expert	Sufficient depth and breadth of knowledge and application of skills to confidently undertake procedure and can identify a way forward to further development. Can assess others in their ability to undertake this procedure competently.

AUTHOR: Pauline Robinson Head of Tissue Viability

DATE RATIFIED: 08/10/2022

COMPETENCY APPLIES TO: REGISTERED &amp; NON-REGISTERED HEALTHCARE PROFESSIONALS

REVIEW DATE: 01/11/28

NB Competencies shaded in grey boxes apply to registered nurses only

## Compression Therapy Competencies Assessment

The Competencies are to be used in conjunction with;

- Nursing and Midwifery Council (NMC) (2018) The Code: professional standards of practice and behaviours for nurses, midwives and nursing associates
- NMC (2014) The Standards for Competence for registered nurses
- NMC (2018) Standards of Proficiency for Nursing Associates
- NMC (2008) The Standards to support learning and assessment in practice
- Wounds UK (2015) Best Practice Statement: Compression Hosiery
- Wounds UK (2008) Best Practice Statement: Optimising Wound Care
- Wounds UK (2015) Management of Hyperkeratosis of the Lower Limb: Consensus Recommendations
- Wounds International (2013) Principles of Compression in Venous Disease
- NICE (2018) Peripheral Arterial Disease: diagnosis and management
- NICE (2016) Diabetic Foot Problems; prevention and management
- CSH Surrey (2016) Wound Care Guidelines
- CSH Surrey (2018) Leg Ulcer Guidelines

The purpose of these competencies is to clarify the knowledge and skills expected of student, to ensure safe practice and management when caring for patients', their relatives and carers.

The student must reach a satisfactory level of competence following a period of supervised practice by a registered nurse who is a Practice Supervisor and signed as competent by a Practice Assessor who has completed recognised training in compression therapy, before they can practice independently.

**COMPETENCY TITLE: Compression therapy for registered and non-registered healthcare professionals**

**NAME OF STUDENT**

		Student to complete-	Practice Assessor to complete, sign & date in relevant box/self-evaluate			
	The student will:		Novice	Competent	Expert	Development needs
1.	Deliver person-centered care with sensitivity and compassion, respecting the dignity and diversity of patients, relatives, carers and colleagues					
2.	Gains consent for all interventions and maintains confidentiality					
3.	Provides accurate and meaningful verbal and non-verbal information in a polite and respectful manner to patients, relatives, carers and colleagues					
4.	Completes documentation in accordance with organisational and professional body standards					
5.	Demonstrates professional accountability and acts with a duty of candour					

NB Competencies shaded in grey boxes apply to registered nurses only

6.	Works in accordance with CSH Infection Control Policy and Wound Care/Leg Ulcer Guidelines					
7.	Demonstrates an understanding of the Mental Capacity Act, in particular giving advice to patients and how to work in partnership with the non-concordant individual					
8.	Registered healthcare professionals understand their accountability when delegating care to non-registered healthcare professionals					
9.	Has attended competed leg assessment and management workbook and online modules					
10.	Understands the importance of holistic patient assessment including Doppler ABPI prior to commencing compression therapy					
11.	Demonstrates an understanding of the indications for compression therapy					
12.	Demonstrates an understanding of the contraindications for compression therapy					
13.	Demonstrates an understanding of the precautions for compression therapy					

NB Competencies shaded in grey boxes apply to registered nurses only

14.	Demonstrates an understanding of Laplace's law					
15.	Demonstrates an understanding of Pascal's law					
16.	Demonstrates an understanding of the causes of venous leg ulcers					
17.	Demonstrates an understanding of the causes of arterial leg ulcers					
18.	Demonstrates an understanding of venous-arterial leg ulcers					
19.	Demonstrates an understanding of other causes of leg ulcers					
20.	Demonstrates an understanding of diabetic foot ulcers and the importance of a multi-disciplinary approach in the management of care					

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21.	<p>Demonstrates an understanding of when to refer to other health care professionals;</p> <ul style="list-style-type: none"> <li>• Tissue Viability</li> <li>• Podiatry</li> <li>• Dermatology</li> <li>• Vascular</li> <li>• Others</li> </ul>					
22.	Demonstrates an understanding of when to escalate concerns					
23.	<p>Understands the level of compression therapy of;</p> <ul style="list-style-type: none"> <li>• K-Plus</li> <li>• K-Four</li> <li>• K-Two</li> <li>• Actico</li> <li>• Coban</li> <li>• Multi-layer bandaging</li> </ul>					
24.	Understands the difference between short stretch and long stretch bandages					

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25.	Understands and can demonstrate the significance of K-soft, and how to shape the limb as required					
26.	Understands the difference between; <ul style="list-style-type: none"> <li>• Full compression</li> <li>• Reduced compression</li> </ul> and the indications and contraindications of both treatment options					
27.	Understands the importance of measuring the ankle prior to selection and application of bandage systems					
28.	Demonstrates safe and correct application of the bandage systems in accordance with manufacturers guidelines <ul style="list-style-type: none"> <li>• Applied toe to knee</li> <li>• Correct tension</li> <li>• Overlap</li> <li>• Ankle/foot dorsi flexion 90°</li> </ul>					

29.	<p>Understands the level of compression therapy of compression hosiery</p> <ul style="list-style-type: none"> <li>• Class 1</li> <li>• Class 2</li> <li>• Class 3</li> <li>• Liners</li> </ul>					
30.	<p>Can rationalise why the bandage system chosen is the most appropriate for the individual</p>					
31.	<p>Has been supervised in the safe and correct application of compression bandaging on 5 occasions;</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> </ol>					

## INITIAL ASSESSMENT

PLEASE SELECT EITHER A OR B:

A. .... has achieved all the competencies:

B. ....requires a further period of practice /competencies. (Please see below for action plan)

Comments:

Practice Assessor signature.....PRINT NAME ..... Date.....

Student Signature..... PRINT NAME ..... Date.....

## ACTION PLAN FOR FURTHER PERIOD OF PRACTICE TO ACHIEVE THE REQUIRED COMPETENCIES

Date.....

Practice Assessor signature.....PRINT NAME.....

Student signature..... PRINT NAME.....

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## SECOND ASSESSMENT

PLEASE SELECT EITHER A OR B:

- A. .... has achieved all the competencies:
- B. ....requires a further period of practice /competencies. (Please see below for action plan)

Comments:

DATE.....

Practice Assessor signature.....PRINT NAME.....

Student signature..... PRINT NAME.....

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## Competency tool ratification criteria

Competency tool: Compression Therapy for Registered and Non-Registered Healthcare Professionals

Author: Pauline Robinson, Head of Tissue Viability

Criteria: the following criteria are met	Yes/No/NA
Lead author stated	Pauline Robinson Head of Tissue Viability
Clear to whom and in which circumstances the competency applies	Y
Completed on agreed competency tool template	Y
Readability and content adequate	Y
Includes knowledge required for the practitioner to be competent	Y
Includes Skills required for the practitioner to be competent	Y
Includes actions required following analysis for the practitioner to be competent	Y
Logical flow to the practitioners development of competency	Y

Ratified by: Skilled workforce Group

Date: 08/10/2022

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