

## Healed leg ulcer clinic template

### Patient reviews

Assessment date

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Patient's name

Address

Telephone number

D.O.B.

Has the ulcer remained healed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Is there evidence of eczema, skin irritation or rash?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Is the patient washing their legs and applying Emollient daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Type of emollient used			
Is the patient using topical steroids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Type of steroids used			
Is the patient wearing their compression hosiery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Date of last renewal of hosiery			
Reason for not wearing hosiery?			
Advice/suggestions given			
Doppler assessment			

Systems for monitoring those patients whose ulcers have healed should be put in place. This can include healed leg ulcer clinics, well leg clinics or leg clubs.

The following template is useful to monitor patient progress and to audit leg ulcer recurrence rates for the purpose of demonstrating quality improvements.

GP

Address

Telephone number

	Right	Left
Brachial		
Dorsalis pedis		
Posterior tibial		
Ankle brachial pressure index		
Blood pressure		
Blood glucose		
Body mass index		
Hosiery measurements		
Ankle		
Calf		
Thigh		
Hosiery ordered		
Make		
Class		
Size		
Summary of assessment and recommendations		
Date of next review		
Nurses name	Signature	