

SUPPLEMENTAL TABLE.

SAMPLE CLINICAL PATHWAY

NOTE: this pathway is not exhaustive; there are many steps within a workflow, and not all are referenced here.

1. Understand pathogenesis and patient presentation/chief complaint and history of present illness

- a. Venous hypertension
 - i. Due to abnormal calf muscle pump
 1. Incompetent veins/valves
 2. Acquired
 3. Congenital
 4. Muscle dysfunction
 5. Decreased mobility
 - ii. Venous pooling
 1. Leukocytes become trapped and release proteolytic enzymes, which lead to formation of free radicals that damage tissue
2. Dilatation of veins

2. Document patient history

- a. Prior history of venous disease
- b. Trauma
- c. Deep venous thrombosis
- d. Pregnancy
- e. Congestive heart failure
- f. Family history of venous disease/ulcers
- g. Obese
- h. Elderly
- i. Female

3. Document physical examination

- a. Irregular borders
- b. Good granulation tissue
- c. Moderate/heavy exudates
- d. Edema
- e. Periwound hyperpigmentation and scaling
- f. Lipodermatosclerosis
- g. Mild/moderate pain
- h. Varicosities
- i. Atrophie blanche

j. Scarring

k. Ankle-brachial index

l. Location

- i. Medial legs

4. Document wound assessment

a. Etiology

b. Qualitative information

- i. Anatomical location

ii. Classification using clinical signs, etiology of venous disease (congenital or primarily or secondarily acquired), anatomic distribution (superficial, perforating, and/or deep veins), and pathologic condition (obstruction and/or reflux) or Clinical-Etiology-Anatomy-Pathophysiology classification

- iii. Edema or swelling of tissues

iv. Exudate

v. Odor

vi. Pain

vii. Periwound skin

viii. Type of tissue exposed

ix. Wound bed description and wound color

x. Wound margin condition

xi. Photograph of the wound

xii. Surface area of wound

xiii. Wound depth and undermining

c. Quantitative information

- i. Ankle and calf circumference (for vascular parameters)

ii. Undermining or tunneling wound size

5. Perform and document procedure, if warranted

6. Document treatment completed

7. Document provider orders

8. Document patient education

9. Order other tests based on patient presentation (review your local coverage determination policies to determine which studies are reasonable and necessary)

10. Provide discharge instructions

11. Reconcile signatures and work completed