

	absolute systolic toe pressure < 30 mmHg? f. In a diabetic foot ulcer, is the absolute systolic ankle pressure < 50 mmHg?		
Co-Factors	Important Questions to Ask	Yes / No (circle Y / N)	Implications for Determination of Appropriate Management
Diabetes	1. Does this person have an HgbA1c above normal limits? (normal = HgbA1c <6.5)	Yes No	If the answer is YES to any of these questions, consider a <u>maintenance-healing</u> pathway until these conditions are reversed or mitigated.
Venous Disease	1. Does the person have lower extremity venous disease and they are unable to tolerate compression? This is ok.	Yes No	
Immune Compromise	1. Does the person have abnormally low Hemoglobin? (Normal Hemoglobin for men 13 - 18 g/dL and for women 12 - 16 g/dL)	Yes No	
	2. Has this person had a chronic illness for >6 months? (potential for anemia of chronic diseases)	Yes No	
	3. Does this person have HIV-AIDS?	Yes No	
Morbid Obesity	1. Does the person have a BMI of >40?	Yes No	
Nutritional Compromise	1. Does the person have 1 or more abnormal serum protein values? (Normal values: Albumin: 3.5 –5.0 gm/dL, transferrin 200 – 360 mg/dL, prealbumin 16 – 40 mg/dL, or retinol-binding protein 2.6 – 7.6 mg/dL)	Yes No	
	2. Has this person demonstrated an unintended weight loss of 10% or more in the last 6 months?	Yes No	
Cognition	1. Does the person have cognitive deficits (for any reason) that would impact their ability to either understand or adhere to treatment?	Yes No	

Medications	Important Questions to Ask	Yes / No (circle Y / N)	Implications for Determination of Appropriate Management	
Steroids	1. Has this medication been in use for more than 3 months?	Yes No	If the answer is YES to any of these questions, consider a maintenance-healing pathway until these medications are discontinued or their negative effect on wound healing mitigated.	
	2. Is this medication to be continued during the wound management period?	Yes No		
Chemotherapy/Radiation	1. Will this treatment continue during the wound management period?	Yes No		
	2. Has the area of wounding been radiated?	Yes No		
Lifestyle	Important Questions to Ask	Yes / No (circle Y / N)	Implications for Determination of Appropriate Management	
Use of Tobacco	1. Does the person smoke?	Yes No	If the answer is YES to any of these questions, consider a maintenance-healing pathway until these life style issues are resolved or their negative effect on wound healing mitigated.	
	Mobility	1. Does the person have impaired mobility? (Or lack of caregiver to ensure ability to change body position?)		Yes No
		Financial Resources		1. Does the person have financial limitations that would affect their ability to adhere to the proposed treatment regimen?

References

1. Despatis M, Shapera L, Parslow N, Woo K. Complex Wounds. Wound Care Canada. 2008;8(2):24-25.
2. McNaughton V, VanRennes J. (2010) North Simcoe Muskoka LHIN; Health Outcomes World Wide; Used with permission. Complete document available at:
http://www.nsmhlin.on.ca/uploadedFiles/Public_Community/Current_Initiatives/Wound_Care_Project/FocusedHolisticHealthAssessment.pdf