The SWRWCP’s Lymphedema Assessment and Management Algorithm

Person with Lymphedema

Assess
- "Initial Wound Assessment Form" (even if no wound present)
- "Nestle Mini Nutritional Assessment® Tool"
- "Interdisciplinary Lower Leg Assessment Form"
- "NPUAP PUSH Tool 3.0" (only if wound is present)
- "Determining Healability Tool " (only if wound is present)

Treat the Cause
Chronic venous insufficiency, trauma, limb dependency, cancer (chemotherapy, radiation, surgery), obesity, filariasis prevention (if applicable), post-thrombotic syndrome, cellulitis, lymphadenitis, paralysis, self harm

Limb elevation, compression therapy, manual lymphatic drainage, exercise

Treat Co-Factors
Nutrition, mobility, medications, lifestyle factors, underlying chronic/acute disease (cardiac/kidney disease, hyperthyroidism, phlebitis, tuberculosis, filariasis, radiodermatitis, rheumatoid arthritis, dermatits, psoriasis, sarcoidosis)

Address Person’s Concerns
- "Comprehensive Assessment of Chronic Pain in Wounds"
- "WHO Pain Ladder with Pain Management Guidelines"
- "Cardiff Wound Impact (Quality of Life) Questionnaire"
- Concordance

Education
"Living with Lymphedema” pamphlet
"The Importance of Nutrition in Wound Healing” pamphlet

Reassess
- If the wound is healable and the surface area has not reduced 20-30% over a 3-4 week period, reassess the ENTIRE person again
- If the person and their wound are being managed according to best practice and the wound surface area has failed to reduce in size as expected, consider a referral to an ET or WCS (see “Criteria for Interdisciplinary Referrals"
- May need to consider adjunctive therapies for wound healing, skin substitutes/grafts/flaps, biologic dressings (healable wounds only)
- If the limb circumference is not progressively reducing, or if there is a deterioration in skin or limb shape, reassess the ENTIRE person and consider a referral to an ET or WCS
- May need to consider surgical treatment of lymphedema (lymphatic bypass, liposuction, surgical reduction)

Moisture Balance and Dressing Selection
- Provide a moist wound healing environment in healable wounds
- Provide a clean, dry environment for maintenance/non-healable wounds
- Consider using the SWRWCP’s dressing selection and cleansing enablers to choose cleansing and dressing methods
- Provide appropriate skin care and manage any lymphorrhea with absorbent non-adherent gauze based dressings +/- combination dressings

Infection/Inflammation
- Assess using the "Bioburden Assessment Tool "
- Treat using the “Bacterial Burden in Chronic Wounds” chart. Consider topical antimicrobials for critically colonized wounds, and topical and systemic anticrobials for infected wound/cellulitis
- Consider painting affected areas with Proviodine or Chlorhexadine to prevent infection/reduce moisture

Debridement
- Debride (within your scope) non-viable tissue in healable wounds
- Do NOT debride maintenance or non-healable wounds unless you have the knowledge/skill/judgment to debride non-viable tissue for the purpose of reducing bacterial burden, drainage, and/or odor

For more information go to: swrwoundcareprogram.ca

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