

## Appendix II. Assessment Templates

### II.I Circumferential Limb Volume and Outcome Measurement for Lymphoedema

Date and Time:									
Circumference Metatarsal Phalangeal (MTP) or Metacarpal Phalangeal (MCP)		Right	Left	Right	Left	Right	Left	Right	Left
Mid foot (.....cm from nail bed of middle toe, ankle 0°dorsi flexion (DF)) or webspace									
1 = .....cm from sole of foot (ankle 0° DF) or 1 = .....cm from nail bed of middle finger, wrist in 0° flexion (flex)	1								
	2								
	3								
	4								
	5								
	6								
	7								
	8								
	9								
	10								
		mls	%	mls	%	mls	%	mls	%
<b>Affected Side:</b> Right Left Bilateral  <b>Dominant Side:</b> Right Left  <b>Height .....</b> m	1								
	2								
	3								
	4								
	5								
	6								
	7								
	8								
	9								
	10								
<b>Proximal Volume (mls)</b>									
<b>Proximal Volume Difference</b>		mls	%	mls	%	mls	%	mls	%
<b>Total Volume (mls)</b>									
<b>Total Volume Difference</b>		mls	%	mls	%	mls	%	mls	%
<b>Episodes of cellulitis since last review</b>									
<b>Weight (kg)</b>	<b>BMI</b>								
<b>Health Today Score (VAS 1-10)</b>									
<b>Lymphoedema Life Impact Score (LLIS)</b>									
<b>HbA1c (pre-diabetes 43-47 mmol/mol)</b>									
Date and Time:									

## II.II Adult Lymphoedema Assessment and Review Template

<b>History of Oedema</b>	Consent for assessment / ECR <input type="checkbox"/>
<b>Location of lymphoedema:</b>  Include: progression, cellulitis, previous management of oedema/cellulitis, aggravating/relieving factors)	Date of lymphoedema onset:
Patient's Perception:  <b>Family History of Oedema</b> Yes/No _____  Ethnicity:	

### Current Symptoms (✓ = present; x = absent)

	Functional restriction		Skin changes (tight / shiny)
	Heaviness		Swelling (difficulty with clothing / rings)
	Reduced ROM (objective table - see page 3)		Tingling, pins and needles, paraesthesia
	Pain (related to lymphoedema) Site: _____  Description: _____  0 (no pain)		10 (worst pain imaginable)

### Cancer-Related Lymphoedema

Cancer diagnosis:			
Date(s) of surgery:			
Regional lymph node clearance <input type="checkbox"/> (Level 1/2/3)		Sentinel node biopsy <input type="checkbox"/>	Nodes +ve /removed (e.g. 2/20):
Post-operative complications:		Seroma	Details:
		Cording	
		Infection	
		Delayed Wound Healing	
Hormonal Therapy (regime, date started)			
Chemotherapy (regime, no. of cycles, date completed)			
Radiotherapy (site, date completed, length of treatment)			

### Non-Cancer Related Surgery

Type of Surgery	Date	Details
CABG		
Orthopaedic		
Plastic		
Varicose vein		
Other		

**Past Medical History ( ✓ = present; add additional conditions)**

	Allergies	e.g. penicillin, latex, elastoplast		
	Diabetes			
	Hypertension			
	Sleep apnoea			
	<b>Further Details of PMH:</b>			
	General Precautions ( <b>Contraindications</b> )			
	Heart failure	<input type="checkbox"/> <b>uncontrolled</b>	<input type="checkbox"/> controlled	
	Deep vein thrombosis	<input type="checkbox"/> <b>acute</b>	<input type="checkbox"/> chronic	
	Phlebitis/cellulitis	<input type="checkbox"/> <b>acute</b>	<input type="checkbox"/> history of	No. of episodes in past year: Prophylaxis: Y/N Hospital admissions
	Renal failure Stage 3+	<input type="checkbox"/> <b>acute</b>	<input type="checkbox"/> chronic	Stage:
	Neck MLD Precautions (Contraindications)			
	Thyroid	<input type="checkbox"/> hypo	<input type="checkbox"/> <b>hyper</b>	
	<b>Cardiac arrhythmia</b>			
	<b>Hypersensitivity of carotid sinus</b>			
	Deep abdominal MLD Precautions ( <b>Contraindications</b> )			
	<b>Abdominal aortic aneurysm</b>			
	<b>Abdominal pain (unexplained)</b>			
	<b>Abdominal radiotherapy</b>			
	<b>Abdominal surgery (recent)</b>			
	<b>Diverticulitis / Bowel disease</b>			
	<b>Pregnancy / Menses</b>			
	MLLB Precautions ( <b>Contraindications</b> )			
	Peripheral arterial disease	<input type="checkbox"/> <b>ABPI &lt; 0.5</b>	<input type="checkbox"/> ABPI 0.6-0.8	<input type="checkbox"/> ABPI > 1.3

<b>Medication</b> (especially for medications linked to oedema)
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<b>Investigations</b> (Tick box and space for results CT/Lymphoscintigraphy/MRI/ICG/duplex scan)
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**Social History**

Occupation	
Hobbies	Smoker Yes/No
Accommodation (including type, access, stairs, bathroom/toilet etc)	
Sleeps in: <input type="checkbox"/> bed <input type="checkbox"/> chair	
Services / Carer Support	
Functional limitations	

**Functional Assessment Measure**

<input type="checkbox"/>	Bed bound
<input type="checkbox"/>	Wheelchair user
<input type="checkbox"/>	Mobile with assistance
<input type="checkbox"/>	Mobile independent with aid
<input type="checkbox"/>	Mobile independent without aid

Height (m)	Weight (kg)	BMI (kg/m <sup>2</sup> )

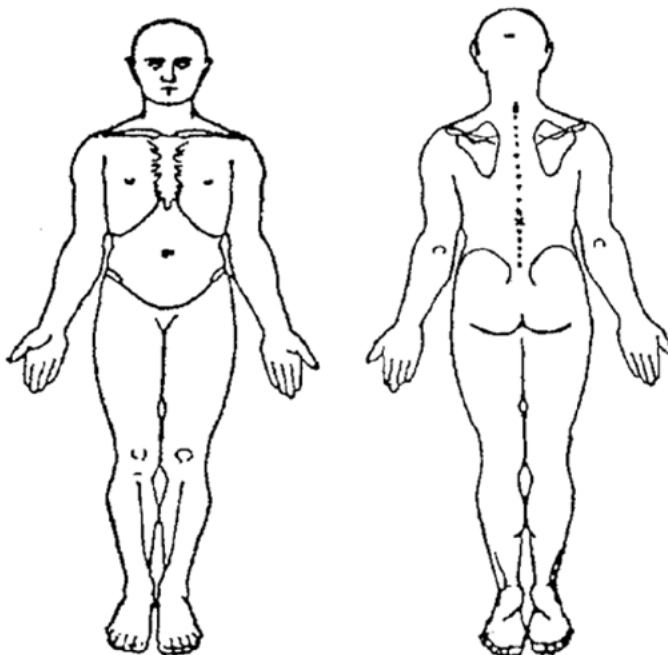
**ROM**

Upper Limb	ROM	Lower Limb	ROM
Neck		L/Spine	
Shoulder		Hip	
Elbow		Knee	
Wrist/Hand		Ankle/Foot	

**Observations** (√ = present; x = absent; include key for body chart as necessary)

Key	√ / X		
		Broken skin (site)	
		Cancerous skin changes	
		Cellulitis	
		Discolouration	
		Dry	
		Fatty	
		Fibrotic	
		Fragile/Taut/Shiny	
		Fungal infections	
		Hyperkeratosis	
		Misshapen Limb	
		Lymphangiectasia	(lymph blisters)
		Lymphorrhoea	
		Non-pitting oedema	
		Papillomatosis	
		Pitting oedema	
		Scarring	
		Skin folds	
		Sensation	Intact/altered
		Stemmer's sign	RIGHT: Negative/positive LEFT: Negative/positive
		Temperature	RIGHT: Normal/cold/warm LEFT: Normal/cold/warm
		Genital oedema	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Other:



**Vascular Check List (√ = present; x = absent)**

Arterial		Venous	
	Atrophic nail changes		Ankle flare (medial malleoli)
	Cyanosis		Atrophie blanche (white plaques)
	Diabetes		Dilated / varicose veins
	Distal ulceration - toes		Haemosiderin staining (purple/red/brown)
	Great toe pain		Lipodermatosclerosis (inverted bottle)
	65 years and older		Non-tender permanent redness
	Neuropathy		Soft pitting oedema
	Pain on exercise/cramps (intermittent claudication)		Ulceration or history of ulceration
	Red/blue discoloration when limb dependent		Varicose eczema
	Resting pain (on elevation) / night pain		Other:
	Slow capillary refill (i.e. takes more than 3 seconds)		
	Whiteness on elevation		

**Doppler required**  Yes  No

**Date of Doppler** \_\_\_\_\_

Doppler	Right	P	M	B	T	Left	P	M	B	T
Dorsalis Pedis or Toe										
Posterior Tibial										
Brachial Systolic										
T/ABPI (toe or highest ankle systolic / brachial)										

(P=Palpable pulse, M=Monophasic, B=Biphasic, T=Triphasic)

<b>Risk Assessment</b>	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
<b>Mobility</b>	Independently Mobile	Reduced Mobility (requires aid or assistance)	Immobile (assist of 2 or hoist)
<b>BMI (kg/m<sup>2</sup>)</b>	< 30	30-40	> 40
<b>Patient Comprehension</b>	Full Comprehension	Reduced Comprehension	Unable to comprehend
<b>Vascular Status</b>	ABPI 0.8-1.3 or ABPI not indicated from vascular checklist	ABPI 0.5-0.8 or pulses present and unable to obtain ABPI result	ABPI < 0.5 or inaudible pulses
<b>Skin Integrity</b>	Fully intact and good condition	Fragile and/or irritated skin	Ulceration/broken skin
<b>Social Isolation</b>	Independent or good support system	Has carers/family attending regularly	Socially isolated

Refer to the following risk assessments to manage any identified risks: domiciliary treatment, compression bandaging, open wounds, latex, vascular, handling heavy limbs, bandaging, mobilising with compression and local trust risk assessments.

Primary	Syndromes		Syndromes
		Intestinal lymphangiectasia	
Onset	Klinefelters syndrome		Noonan syndrome
	Congenital	Klippel-Trenauney	Trisomy 21
	Praecox	Lymphoedema distichiasis	Turner's syndrome
	Tarda	Meige syndrome	Other:

**Diagnosis (If there is more than 1 cause, rank in order (1 = most significant cause))**



<b>Secondary</b>		Artificial Lymphoedema		Low albumin
				Self-harm
		Immobility and dependency		Dependency
				Obesity
				Paralysis
				Sleep apnoea
		Infection		Cellulitis/erysipelas
				Filariasis
				Lymphadenitis
				Tuberculosis
		Inflammation		Dermatitis/eczema
				Podoconiosis
				Pretibial myxoedema
				Psoriatic arthritis
				Rheumatoid arthritis
				Sarcoidosis and orofacial granulomatosis
		Malignant Disease		Infiltrative carcinoma
				Lymph node metastases
				Lymphoma
				Pressure from large tumours
		Trauma and tissue damage		Large/circumferential wounds
				Radiotherapy
				Scarring
				Varicose vein harvesting/surgery
				Burns
				Lymph node excision
		Venous disease		Chronic venous insufficiency
			Intravenous drug use	
			Post-thrombotic syndrome	
			Venous ulceration	
		Medication Induced/related		
		Other		

<b>ISL Lymphoedema Staging</b>	0 - Latent/subclinical lymphoedema where impaired lymph transport and subtle changes are present, but swelling is not evident	II - Limb elevation alone rarely reduces swelling; pitting is manifest but may not be apparent later in Stage II due to the development of subcutaneous fat and fibrosis
	I - Accumulation of protein rich fluid that subsides with limb elevation and may cause pitting	III - Lymphostatic elephantiasis – pitting absent due to progressive development of fat and fibrosis, trophic skin changes and warty overgrowths develop
<b>Lipoedema Staging</b>	1 – Smooth skin, small nodules	3 – Induration and lobular fat deposits
	2 – Irregular texture larger nodules	4 – Obesity Related Lipoedema (lipolymphoedema)

### Classification (√ Relevant Category)

Cancer related lymphoedema			Non cancer related lymphoedema		
CB	Breast		NCO	Obesity	
CG	gynaecology		NCP	Primary	
CHN	head and neck		NCV	Venous	
CMel	melanoma		CELL	Cellulitis	
COTH	Cancer (other)		NCDEP	Non cancer dependency/immobility	
CU	Urology		NCLIP	Lipoedema	

### ICD 10 Codes

Code 189-0	Lymphoedema, not elsewhere specified
Code LO3	Acute lymphangitis
Code Q82.0	Hereditary lymphoedema
Code B74.9	Filariasis, unspecified
Code I97.2	Postmastectomy lymphoedema syndrome

**Problem List and Goals of Treatment - discussed and agreed with patient Y/N**

	Problem List		Goals of Treatment		Goals of Treatment
	Poor knowledge of lymphoedema		Increase knowledge of lymphoedema		Tissue softening
	Increased limb volume		Reduce limb volume		Pain reduction
	Altered limb shape		Restore normal limb shape		Improve AROM UL/LL
	Tissue fibrosis		Improve skin integrity		Improve strength UL/LL
	Poor skin condition		Patient able to carry out skincare regime		Able to carry out SLD
	Reduced activity/ exercise		Independent with exercise programme		Able to carry out MLLB
	Pain		Patient able to don/doff garments		
	Decreased range of movement UL/LL		Maintain stable lymphoedema		
	Decreased strength UL/LL				

**Treatment Plan:** Specify review period \_\_\_\_\_, 3 months, 6 months, 1 year

	Verbal Education		Garment Provision		Teach self-bandaging/wrapping
	Written education provided:		Manual lymphatic drainage Frequency:           Duration:		Arm MLLB leaflet
	Exercise				Leg MLLB leaflet
	Non-cancer advice		Multi-layer lymphoedema bandaging Frequency:           Duration:		Physiotouch
	Arm oncology				Intermittent pneumatic compression
	Leg oncology		Bandaging cautions leaflet		Deep oscillation
	Skin and nail care		Teach simple lymphatic drainage		Kinesio taping
	Four key messages		Arm SLD leaflet		
	Compression garment		Leg SLD leaflet		
			Head and neck SLD leaflet		

**Reason for Modification** (complete this section after intensive treatment period – most relevant reason)

	Clinical decision	
	Comorbidities	
	Lack of resources	
	Patient choice	

**Onward Referral ( ✓ relevant category/categories)**

	Activity resources		GP		Physiotherapy (elsewhere)		Surgery
	Complex treatment clinic		Obesity clinic		Plastic surgery		Treatment room nurse
	Dermatology		Occupational therapy		Podiatry		Vascular
	Dietetics		Oncology		Psychology		Wound care / tissue viability
	District nurse		Palliative care		Sleep clinic		
	Genetics		Practice nurse		Social work		

**Compression Garment Information**

### Review Template for Adults living with Lymphoedema

Changes to History of Presenting Complaint & medical history:	Consent to assessment/treatment <input type="checkbox"/>																									
Cellulitis episodes since last appointment?:    Yes                      No Details/medication:																										
Observations of oedematous limb/area (colour, temp, texture):																										
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;"></td><td style="width: 30%;">Big toe pain</td><td style="width: 30%;"></td><td style="width: 30%;">Neuropathy</td></tr><tr><td></td><td>Leg pain/cramps on walking</td><td></td><td>Diabetes</td></tr><tr><td></td><td>Cyanosis</td><td></td><td>Slow capillary refill ( &gt; 3 sec)</td></tr><tr><td></td><td>Atrophic nail changes</td><td></td><td>Whiteness on elevation</td></tr><tr><td></td><td>Distal ulceration (toes)</td><td></td><td>Pain on elevation / night pain</td></tr><tr><td></td><td colspan="3">Discolouration when limb dependent</td></tr></table>		Big toe pain		Neuropathy		Leg pain/cramps on walking		Diabetes		Cyanosis		Slow capillary refill ( > 3 sec)		Atrophic nail changes		Whiteness on elevation		Distal ulceration (toes)		Pain on elevation / night pain		Discolouration when limb dependent				
	Big toe pain		Neuropathy																							
	Leg pain/cramps on walking		Diabetes																							
	Cyanosis		Slow capillary refill ( > 3 sec)																							
	Atrophic nail changes		Whiteness on elevation																							
	Distal ulceration (toes)		Pain on elevation / night pain																							
	Discolouration when limb dependent																									
Weight (kg) increased/static/decreased	Height (m)	BMI (kg/m <sup>2</sup> )																								
QoL Outcome measures – EQ5D or LLS or VAS																										

Circumferential measurement (see measurement chart)	
Pain (site)            0 (no pain)	10 (worst pain imaginable)
<b>Review of current maintenance programme</b>	<b>Management plan</b>
Skin care:	New garments ordered/provided:
Exercise:	
SLD:	Treatment/advice provided:
Self MLLB:	
Garment(s):  Worn? Every day <input type="checkbox"/> Most days <input type="checkbox"/> Occasionally <input type="checkbox"/>  Never <input type="checkbox"/>  Comfortable?  Swelling controlled?  Other	
	Ongoing 6 monthly review:
	Other: