

Suffolk Primary Care

LOWER LIMB AND DOPPLER COMPETENCY ASSESSMENT

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Purpose and Scope

This Leg ulcer competency document has been implemented to support all healthcare professionals that undertake leg ulcer assessment and management within GP practices. In order to maintain consistency and high standards of leg ulcer management across all settings, this template is an adapted version of Suffolk Community Healthcare '*Competency for Assessment of People with Lower Limb Conditions Doppler Assessment*'.

Purpose

To specify the required standards and competency that healthcare professionals in General Practice are expected to demonstrate in relation to clinical assessment and care delivery to patients with lower limb conditions

Scope

Applicable to:

- General Practice Nurses
- Healthcare Assistants working directly alongside Practice Nurses who are competent in Leg ulcer management as outlined in: **Procedures - part 10**.

Patient Inclusion:

Non-mobile patients currently registered with GP practices who are under the care of **Residential Care Homes**, or receiving care **in their own homes** within Suffolk will receive Leg ulcer treatment and dressings via their District Nursing teams. A patient may transition across settings into the GP or Community leg ulcer clinics if their mobility status changes. In this circumstance it is good practice to complete a reassessment of the patient's condition and vascular status, to determine the most appropriate treatment.

Potential Risks

Regular servicing of equipment is necessary to ensure safe and accurate readings are obtained and to minimise the risk of incorrect diagnosis that may lead to incorrect management of lower limb.

Overall Responsibility

- Practice Nurse Clinical Lead
- GP Clinical Lead

Procedures

- 1) All Practitioners as defined in the scope above will undertake a theory / practical training session. The term practitioner will be used from this point forward
- 2) Following training, the trainer or their clinical lead will sign the competency to confirm that the practitioner had undertaken the theory / practical training and is ready to start the competency assessment in practice
- 3) Competency assessment should commence within 2 months of the initial training
- 4) The practitioner will need to be supervised carrying out the procedure a minimum of 5 times (this is not prescriptive and more supervised / observed practice is acceptable if required. It is the responsibility of the Practice Nurse Lead within the Practice setting to ensure the practitioner is competent at sign off
- 5) The assessor of competence will be a Qualified Nurse who has themselves undertaken an appropriate leg ulcer management training course, including both theory and practical aspects of compression and Doppler training
- 6) The practitioner will remain responsible for identifying the need to gain competence for this skill
- 7) Once competence has been achieved, the assessor will sign the practitioner off as competent
- 8) If the practitioner does not undertake the skill for a period of 3 months, then an assessment of competence is required to ensure that the individual is still competent
- 9) There is a requirement that all practitioners will be re-assessed by their Clinical Nurse Lead on an annual basis from the date they were last assessed and/or at PDR
- 10) Healthcare assistants who complete the necessary training course and competency will still be required to work alongside a Qualified Nurse, who will interpret the results of the assessment and plan the leg ulcer treatment.

Review and Monitoring process:

- Personal Development Review process / Peer evaluations
- Audit
- Evaluation of training by trainers, Practice Nurse Education Leads, Medicines Management and participants
- Competency document reviewed with Suffolk General Practice Leg ulcer management policy, unless incident trends require that they are reviewed earlier

Competency Sign off for Assessment of people with lower limb conditions

Step 1: Please complete the below upon completion of attending your Leg ulcer management training course, where either the trainer or your Clinical Nurse Lead within your Practice setting can sign this to confirm your attendance.

Step 2: Once you have achieved your competencies please ensure your assessor has also signed for confirmation.

PERFORMING DOPPLER ASSESSMENT

Clinician's Name: _____

1) Date initial theory/practical training completed: _____ Trainer/Clinical Lead signature: _____

2) Date competency achieved: _____ Assessor's signature: _____

Review Date	Assessor's Signature

Doppler Assessment

Competency Assessment for Quality Assurance

Learners Name: _____

Practice Base: _____

Learners Band: _____

S = Supervised

C = Competent

Aim: To demonstrate knowledge, skill and safe practice in quality assessment and care delivery to people with lower limb conditions

Competency	Date & level of skill	Date & level of skill	Date & level of skill	Date & level of skill	Date & level of skill	Learner's signature	Assessor's signature
To demonstrate knowledge, awareness and understanding in the following domains							
1. General							
To be aware and have an understanding of your responsibilities and accountability to the current European and national legislation, national guidelines, professional standards and guidance (where applicable), and local trust policies and protocols.							
To be aware and have an understanding of the importance of working within your own sphere of competence and seeking advice when faced with situations outside of this. Practitioners should not undertake any procedures that are not within their sphere of competence but should seek the appropriate training and advice.							

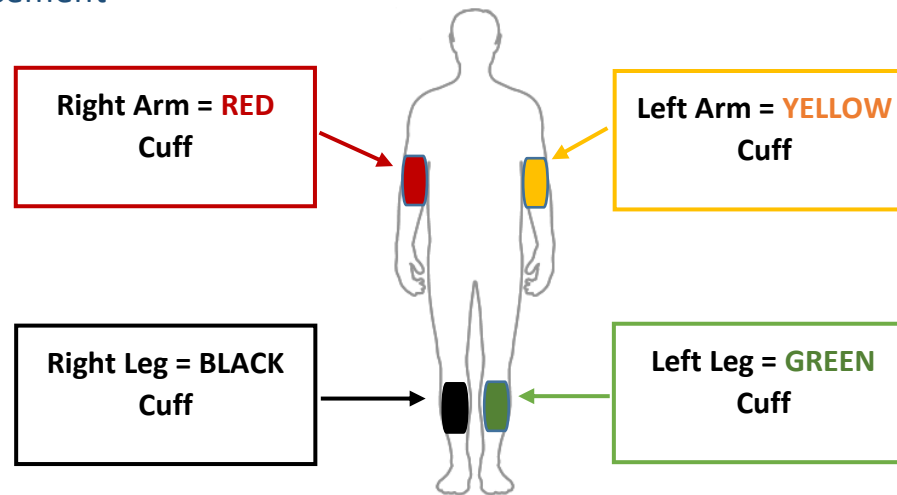
<p>The importance of keeping accurate up to date records including the following subject areas</p> <ul style="list-style-type: none"> • How and when to escalate incidents to Clinical Lead and report significant events • The Data Protection Act • Information Governance • Standards for Record Keeping and the consequences of poor practice 							
<p>A working understanding of the importance of applying standard precautions and the potential consequences of poor practice</p>							
<p>2. Knowledge</p>							
<p>Knows, understands the relevance of holistic assessment</p>							
<p>Including pain and wound assessment</p>							
<p>Aware of appropriate management of wounds during the procedure</p>							
<p>Knows, understands and can explain in easy to understand language the *Doppler Ultrasound procedure to allay any patient anxiety</p> <p>1) Huntleigh hand held device 2) Huntleigh Dopplex ABility System</p> <p><i>*This can be either or both, depending on which device is used within your Practice</i></p>							
<p>Interpretation of results, explain significance of findings and initiate / prescribe appropriate treatment or indicate onward referral</p>							
<p>Aware of factors which can influence 'normal' readings</p>							

Doppler Assessment

Competency Assessment for Clinical Procedures - Dopplex ABility System

Competency	Date & level of skill	Date & level of skill	Date & level of skill	Date & level of skill	Date & level of skill	Learner's signature	Assessor's signature
Competency for use of <u>Huntleigh Dopplex ABility Automatic ABI System</u>:							
Identify key components: System Set-Up: <ul style="list-style-type: none"> Plug unit into electrical socket Switch on unit Load a roll of paper into the printer (back of the unit ensuring the outer part of the roll touches the print head). 							

Diagram of correct cuff placement



<p>Dopplex ABility Cuff Application - Step 1: Select the right arm cuff (red tube):</p> <ul style="list-style-type: none"> • Loosen buckles • Slide both chambers of the cuff over right arm • Place top chamber under armpit • Tighten upper (occlusion) chamber to obtain a snug fit holding buckle with one hand and tail of chamber with other hand • Ensure white mark on strap is positioned over brachial artery • Position lower (sense) chamber on arm, just below elbow, and tighten to obtain a snug fit 							
<p>Dopplex ABility Cuff Application - Step 2: Select the left arm cuff (yellow tube) and repeat step 1</p>							
<p>Dopplex ABility Cuff Application - Step 3: Select the left ankle cuff (green tube):</p> <ul style="list-style-type: none"> • Loosen buckles • Slide both chambers of cuff over left leg (or place over thin socks) ensuring white line on strap is placed over anterior tibial artery • Place upper (occlusion) chamber over ankle and tighten to obtain a snug fit • Place lower (sense) chamber over foot and tighten to obtain a snug fit 							
<p>Dopplex ABility Cuff Application - Step 4: Select right ankle cuff (black tube) and repeat step 3</p>							

<p>Dopplex ABILITY Operation:</p> <ul style="list-style-type: none"> • Press the larger centre button • Ensure cuffs are correctly positioned • Explain to the subject that the arm and ankle cuffs will go tight in sequence and to keep still during the test • Press the centre button to start the test • Do not talk to the patient as this will prompt a response • Follow the “Do’s” and “Don’ts” list shown below • View results and print as required <ul style="list-style-type: none"> • Always consider ABI results and PVR waveforms with clinical signs and symptoms of patient before making an overall clinical judgement • To start a new test press the centre button 							
<p>Do’s and Don’ts List:</p> <p><u>DO</u></p> <ul style="list-style-type: none"> • Always lay patient supine • Tell the patient to relax, remain perfectly still and not to talk • Explain to the patient that the arm and ankle cuffs will go tight and the total test will be about 3 minutes • Fit the cuffs snugly on the arms and ankles • Locate the arm sense (distal) chamber just below the elbow • Ensure that the patient heels are supported on the couch 							

DON'TS

- Place mobile/smart phone within 3 feet of unit
- Talk to patient during the test
- Place the patient up against a wall
- Pull the arm cuffs close to the body
- Touch the cuff or knock the tubing during the test
- Place cuffs over thick clothing

DOCUMENTATION:

Complete System One or Emis Leg Ulcer Management template to record results

Discuss and agree future management plan

Doppler Assessment

Competency Assessment for Clinical Procedures – Huntleigh Hand Held Device

Competency	Date & level of skill	Date & level of skill	Date & level of skill	Date & level of skill	Date & level of skill	Learner's signature	Assessor's signature
Competency for use of Huntleigh Dopplex <u>Hand Held</u> device:							
Identify Key Components							
ON/ OFF switch Volume control Headphone sockets Battery low indicator Doppler probe Battery compartments Indicate when the unit may switch off automatically							
Demonstrate and perform							
Removal of Doppler probe Disconnect and reconnect Doppler probe from cable Fitting batteries to Doppler							
Demonstrate how to apply Ultrasound gel to the patient							
Demonstrate how to hold the probe on the skin at the correct ankle							
Preparation of the patient							
Knows, understands and can explain in easy to understand language the Doppler Ultrasound procedure to allay any patient anxiety							
Demonstrates knowledge of appropriate patient position and rest time for patient							

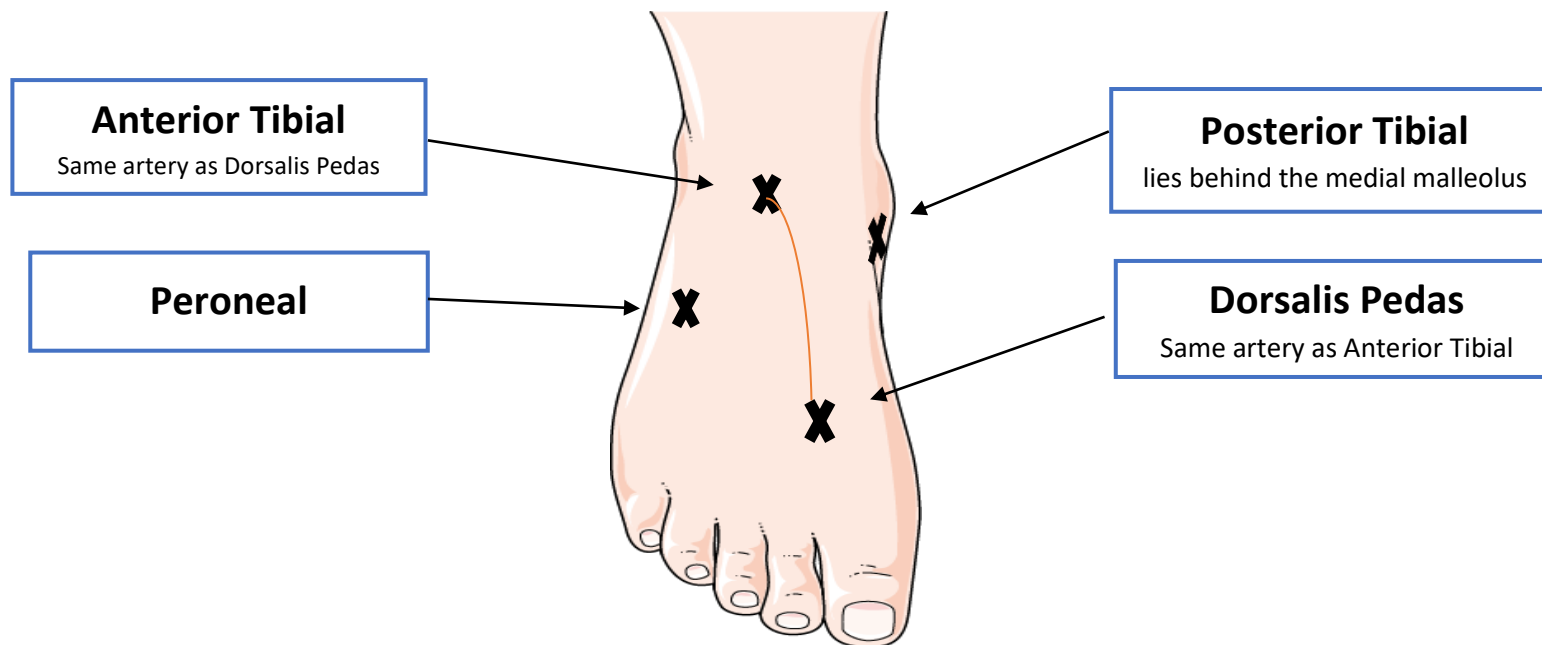
Demonstrates appropriate management of ulcer site during procedure							
Equipment							
Assembles equipment with appropriate probe Correct Ultrasound gel for the procedure							
Demonstrates the understanding of need to check and maintain equipment							
Demonstrates effect of the immediate environment on the procedure							
Shows how to clean the unit and Doppler probe with appropriate storage after use							
Procedure – *See foot diagram below for pedal pulse locations							
Locate and identify appropriate pulses							
Distinguish the difference between the sounds of arterial and venous blood supply when using the doppler to locate appropriate pulses <i>*It is important not to mistake arterial sounds with venous sounds - only arterial pulses can be measured to obtain an ABPI</i>							
Distinguish normal and abnormal sounds <i>*consider rate/rhythm/strength etc.</i>							
Select correct reading to calculate ABPI							
Result							
Calculate ABPI Give reasons for possible unexpected results							
SystemOne Leg Ulcer Management template to record results							
Discuss and agree future management plan							

Diagram of Pedal Pulse locations on foot **these may vary depending on patient anatomy*

TWO SEPARATE pedal pulses are needed when obtaining readings for EACH leg. ****Please note the Anterior Tibial and the Dorsalis Pedas are part of the same artery. To obtain an accurate reading only one of these pulses should be used alongside either the posterior Tibial or Peroneal pedal pulse.***

For example:

- a) Posterior Tibial and Anterior Tibial
- b) Peroneal and Dorsalis Pedis
- c) Peroneal and Posterior Tibial
- d) Anterior Tibial and Peroneal



Doppler Competency - Record of Learning

Learners comments:

Date: _____

Signature: _____

Assessors comments:

Name: _____

Title: _____

Date: _____

Signature: _____

Review Date:

Doppler Competency - Reflection

To be completed before sign off

What – happened – did I do – was I trying to achieve – was good and/or bad about the experience?

So What – is the importance of this? - What more do I need to know? – What have I learnt?

Now What – could I do – do I need to do – might I do in the future – might the consequences of this be?

Stakeholders

Suffolk Primary Care Leg Ulcer Committee:

Emma Williamson PN
Elizabeth Boustead PN
Catherine Walsh PN
Emma Jacobs PN
Leslie Harrington
Sarah Ashford
Joanna Hart PN

Medicines Management Team IESCCG / WSCCG:

Medicines Management Appliance Nurses

East – MEDICINESMANAGEMENT (NHS IPSWICH AND EAST SUFFOLK CCG) iesccg.medsmanagement@nhs.net

West - wsccg.medsmanteam@nhs.net

Useful Contacts:

Primary Care Education Hub:

CEPN PACT@suffolkch.nhs.uk

Tissue Viability Teams:

Ipswich and East Suffolk - Lisa Sutherland Lisa.Sutherland@esneft.nhs.uk

West Suffolk Hospital and Community - Daniel Harvey: Daniel.Harvey@wsh.nhs.uk / Anna Taylor Anna.Taylor@wsh.nhs.uk

West Suffolk Care Homes Tissue Viability Service wsh-tissueviabilitynursinghomes@nhs.net

Useful Links:

- NICE 2017 Leg Ulcer – Venous <https://cks.nice.org.uk/leg-ulcer-venous>
- Best Practice Statement Holistic Management of Venous Leg Ulceration 2016 https://lohmann-rauscher.co.uk/downloads/VLU_BPS_Web.pdf
- Suffolk Wound Care Formulary - The most up to date version will be available at: <https://www.westsuffolkccg.nhs.uk/clinical-area/prescribing-and-medicines-management/dressings-and-stoma/>