*Patient Sticker*

**All Ireland Lymphoedema**

**Children & Young People Lymphoedema**

 **Synopsis Page**

**Informed consent obtained** ⬜ No ⬜ Yes

If yes, and child under 16, consent provided by:

Relationship to child:

**Written consent obtained (for photographs)** ⬜ No ⬜ Yes

**Lymphoedema Diagnosis**

⬜ Primary *Type*: ⬜ Congenital: < 1year ⬜ Late onset: >1year ⬜ Syndromic

⬜ Systemic/visceral involvement (pre or post-natal)

⬜ Disturbed growth/cutaneous manifestations/vascular anomalies

 ⬜ Other:

⬜ Secondary

*Cause of Secondary*: ⬜ Cancer ⬜ Cellulitis ⬜ Surgery ⬜ Obesity

 ⬜ Venous Disease ⬜ Dependency/Immobility

 ⬜ Skin Conditions ⬜ Other:

⬜ Lipoedema

**Site of Oedema**

No oedema identified⬜

Side: ⬜ Right ⬜ Left

Arm: ⬜ Upper ⬜ Forearm ⬜ Hand ⬜ Fingers

Leg: ⬜ Thigh ⬜ Below knee ⬜ Foot ⬜ Toes

Midline: ⬜ Breast ⬜ Trunk ⬜ Genital ⬜ Head/Neck

**Patient Information Given:** ⬜ leaflets given ⬜ video film links given

List leaflet information provided:

**Patient/ Carer wants correspondence in:**

⬜ English ⬜ Named other language:

**Details of siblings (if appropriate) - age/names:**

**Therapist Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assessment Form**

\*please delete as appropriate

**Why have you come to see me today?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current complaint as reported by patient/parent/carer/guardian**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How does it affect you day to day? (school/work/college/home/hobbies/exercise/wellbeing)\***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What are the main parent/carer concerns/issues today?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe your limb / swollen area:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**History of Lymphoedema**

Date swelling commenced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⬜ Gradual ⬜ Sudden

Site: ⬜ R arm ⬜ L arm ⬜ R leg ⬜ L leg ⬜ Genital ⬜ Breast/Truncal ⬜ Head & Neck

Trigger: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Getting worse ⬜ Getting better ⬜ Staying the same ⬜ Fluctuates

Dominant side: ⬜ Right ⬜ Left ⬜ Not evident

Eases oedema: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worsens oedema: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigations: ⬜ No ⬜ Yes Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family history of lymphoedema ⬜ No ⬜ Yes

If yes, 3 generations of Lymphoedema ⬜ No ⬜ Yes ⬜ N/A

If yes, Genetics referral made ⬜ No ⬜ Yes (refer to Genetics Service, UHW) ⬜ N/A

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pain:** (related to lymphoedema site)

Stated as: ⬜ Unable to determine ⬜ None ⬜ Mild ⬜ Moderate ⬜ Severe

Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⬜ Constant ⬜ Intermittent

Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (stabbing? burning? shooting? ache?)

**Pain score**

0 (nothing) 10 (excruciating)

**Heaviness:** ⬜ Unable to determine

**Heaviness score**

0 (nothing) 10 (excruciating)

**Sensation:** ⬜ Unable to determine ⬜ Normal

⬜ Altered Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History**

|  |
| --- |
|  |

**Cancer History:** ⬜ No ⬜ Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lymph Node Surgery**

⬜ Clearance ⬜ Sampling ⬜ Sentinel Lymph Node Biopsy No. Positive: \_\_\_\_\_\_\_\_\_\_\_\_

**Radiotherapy** ⬜ No ⬜ Yes ⬜ N/A

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chemotherapy** ⬜ No ⬜ Yes ⬜ N/A **Type of chemo**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cellulitis**

**Number of cellulitis infections**: \_\_\_\_\_\_\_\_\_\_ No. of episodes within the last year: \_\_\_\_\_\_\_\_\_\_\_\_

Has the cellulitis caused hospital admission? ⬜ No ⬜ Yes ⬜ N/A, if yes number of nights\_\_\_\_\_\_

Main antibiotic given\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Numbers of days off school/college/work due to cellulitis infections: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On prophylactic antibiotics? ⬜ No ⬜ Yes, Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review date: \_\_\_\_

Has the patient had 2 episodes of cellulitis within the last year? ⬜ No ⬜ Yes

Have you requested prophylactic antibiotics? ⬜ No ⬜ Yes

**Current Medication**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies:** Penicillin: ⬜ No ⬜ Yes Latex: ⬜ No ⬜ Yes Elastoplast: ⬜ No ⬜ Yes

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social History**

Pre-school/School/college/university: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class name: \_\_\_\_\_\_\_\_\_\_\_\_\_

School Nurse/Special Needs Assistant/Community Nurse name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alcohol: ⬜ No ⬜ Yes Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Smoke: ⬜ No ⬜ Yes, if yes how many \_\_\_\_ ⬜ Ex-smoker please state when given up \_\_\_\_\_\_

Recreational drugs: ⬜ No ⬜ Yes Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hobbies/activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home environment: ⬜ Lives alone ⬜ Lives with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sleeps in: ⬜ Bed ⬜ Chair Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Functional / ADL difficulties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional sensory difficulties:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social support: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Communication Function Classification System (CFCS)**

(please tick boxes below or here if child too young or N/A)

* CFCS Level I – a person independently and effectively alternates between being a sender and receiver of information with most people in most environments
* CFCS Level II – a person independently alternates between being a sender and receiver with most people in most environments but the conversation may be slower
* CFCS Level III – a person usually communicates effectively with familiar communication partners, but not unfamiliar partners, in most environments
* CFCS Level IV – the person is not always consistent at communicating with familiar communication partners
* CFCS Level V – a person is seldom able to communicate effectively even with familiar people

**Gross Motor Function Classification System (GMFCS)**

****

****

****







|  |  |
| --- | --- |
| **GMFCS Score** |  |

**PROMS – Impact of Lymphoedema**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \* All the below questions relate to your **lymphoedema/vascular anomaly** | ☺None | 😐A little | ☹A lot | N/A |
| 1. Are you worried about your lymphoedema?\*
 |  |  |  |  |
| 1. Does your lymphoedema\* cause you pain?
 |  |  |  |  |
| 1. Do you have any problems moving your body?
 |  |  |  |  |
| 1. How much do your scars bother you?
 |  |  |  |  |
| 1. How much does the heaviness of your limb bother you?
 |  |  |  |  |
| 1. Are you worried about getting cellulitis (infection)?
 |  |  |  |  |
| 1. How much does the appearance of your lymphoedema\* worry you?
 |  |  |  |  |
| 1. Does your lymphoedema\* affect the clothes you wear?
 |  |  |  |  |
| 1. Does your lymphoedema\* affect the shoes you wear?
 |  |  |  |  |
| 1. Does your lymphoedema\* affect your hobbies?
 |  |  |  |  |
| 1. Does your lymphoedema\* affect you attending school/work?
 |  |  |  |  |
| 1. Does your lymphoedema\* affect relationships/friendships?
 |  |  |  |  |
| 1. Are you worried about wearing compression garments?
 |  |  |  |  |
| 1. Are you worried about your weight?
 |  |  |  |  |
| 1. Does your lymphoedema stop you doing any exercise?
 |  |  |  |  |

⬜ This is not applicable for this patient (please state reason) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other issues causing distress (in relation to lymphoedema)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Using the scale shown with 0=none and 10=extremely 

How much knowledge do you have about lymphoedema/vascular anomaly?\_\_\_\_\_\_\_\_\_\_\_\_\_

How confident are to help your child in managing their lymphoedema/vascular anomaly? \_\_\_\_\_\_\_\_

**Lymphoedema Objective Assessment**

**General Examination**

Dysmorphia (shape abnormality) overall look of the person’s body, not shape of limb ⬜ No ⬜ Yes

Vascular malformations ⬜ No ⬜ Yes Yellow nails ⬜ No ⬜ Yes

Overgrowth of limb ⬜ No ⬜ Yes Cleft palate ⬜ No ⬜ Yes Ptosis (drooping of eyelid) ⬜ No ⬜ Yes Neck webbing ⬜ No ⬜ Yes

Distichiasis (double eyelashes) ⬜ No ⬜ Yes Wide spaced nipples ⬜ No ⬜ Yes

Ascites (fluid in abdomen) ⬜ No ⬜ Yes Venous disease ⬜ No ⬜ Yes

Hydrocele/genital lymphoedema ⬜ No ⬜ Yes Incontinence ⬜ No ⬜ Yes

**Skin Assessment** (please identify on body charts)

**Active cellulitis today**? ⬜ No ⬜ Yes Antibiotics requested? ⬜ No ⬜ Yes ⬜ N/A

Prescribed: ⬜ No ⬜ Yes ⬜ N/A, if yes, prescribed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Discolouration: | ⬜ No  | ⬜ Yes | Detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Temperature: | ⬜ Normal | ⬜ Cold |  ⬜ Hot |  |  |
| Shape: | ⬜ Normal | ⬜ Distorted | ⬜ Detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Blisters  | ⬜ No ⬜ Yes | Hyperkeratosis  | ⬜ No ⬜ Yes |
|  | Taut  | ⬜ No ⬜ Yes | Shiny  | ⬜ No ⬜ Yes |
|  | Ulcer/wound | ⬜ No ⬜ Yes | Lymphorrhoea | ⬜ No ⬜ Yes |
|  | Skin folds | ⬜ No ⬜ Yes | Fibrosis | ⬜ No ⬜ Yes |
|  | Fatty | ⬜ No ⬜ Yes | Fungal infection | ⬜ No ⬜ Yes |
|  | Eczema | ⬜ No ⬜ Yes | Rash | ⬜ No ⬜ Yes |
|  | Seroma | ⬜ No ⬜ Yes | Cording | ⬜ No ⬜ Yes |
|  | Papillamatosis | ⬜ No ⬜ Yes | Warts | ⬜ No ⬜ Yes |
| Haemosidirin staining | ⬜ No ⬜ Yes | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Tests:**

|  |  |  |
| --- | --- | --- |
| Pitting Test | Location 1: | ⬜ Positive Location 2: ⬜ Positive ⬜ Negative ⬜ Negative |
| Stemmers sign: Location 1: | ⬜ Positive Location 2: ⬜ Positive⬜ Negative ⬜ Negative |
| Pain at night or at rest: | ⬜ No  | ⬜ Yes  | ⬜ N/A |
| Intermittent claudication: | ⬜ No  | ⬜ Yes  | ⬜ N/A |
| Capillary refill: \_\_\_\_\_\_\_\_\_\_\_ |  (normal is < 3 sec) |
| Blanching on elevation:  | ⬜ No | ⬜ Yes  | ⬜ N/A |
| Vascular assessment required:  | ⬜ No  | ⬜ Yes  | ⬜ N/A |

**Range of Movement (ROM)**

|  |  |  |
| --- | --- | --- |
|  | **RIGHT** | **LEFT** |
|  | **100%** | **75%** | **50%** | **25%** | **0%** | **100%** | **75%** | **50%** | **25%** | **0%** |
| Shoulder | Hip |  |  |  |  |  |  |  |  |  |  |
| Elbow | Knee |  |  |  |  |  |  |  |  |  |  |
| Wrist | Ankle |  |  |  |  |  |  |  |  |  |  |
| Fingers | Toes |  |  |  |  |  |  |  |  |  |  |
| Functional Impact: |

**Body Chart**

*Patient Sticker*

****



|  |
| --- |
| **Photo taken:** |
| ⬜ No | ⬜ Yes |

Were circumferential measurements captured & recorded?⬜ No ⬜ Yes, reason why not \_\_\_\_\_\_\_

Was weight captured & recorded? ⬜ No ⬜ Yes, reason why not \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was height captured & recorded? ⬜ No ⬜ Yes, reason why not \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Was BMI captured & recorded? ⬜ No ⬜ Yes, reason why not \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consider percentile growth pattern (if approp.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education, Advice and Lymphoedema Care Plan**

|  |
| --- |
| **Assessment/findings:** |
| **What are the therapist’s main concerns/issues today?** |
| **What are the patient’s goals/hopes/aspirations?** |
| **What are the parent/carer goals/hopes/aspirations?** (if applicable) |

*The patient/parent/carer has agreed to take the following actions:*

⬜ Skin care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Movement/exercise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Compression garment required: ⬜ No ⬜ Yes; Details of garment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was garment: ⬜ provided or ⬜ ordered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Compression advice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⬜ Weight/Lifestyle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⬜ Simple Lymphatic Drainage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intensive Treatment: Please tick if the following is needed**

⬜ Decongestive Lymphatic Therapy ⬜ Multi-Layer Lymphoedema Bandaging ⬜ LymphAssist

⬜ Manual Lymphatic Drainage ⬜ Manual Therapy/Scar Management

⬜ Electrotherapy (Physiotouch/Oscillator/Laser)

**Detail:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral to other service required? : ⬜ No ⬜ Yes to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completed? ⬜ No ⬜ Yes

Letter to patient/parent/carer copying in GP: ⬜ No ⬜ Yes, if No reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Outcome of Lymphoedema Assessment**

Patient discharged. ⬜ No ⬜ Yes, Discharge code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no what is the agreed timeframe to be seen again within?

⬜ Within 6 months ⬜ Within 12 months ⬜ Book in for Intensive Treatment

**Factors Affecting the Outcome of Treatment**

Vascular complications ⬜ No ⬜ Yes Mobility problems ⬜ No ⬜ Yes

Lack of support ⬜ No ⬜ Yes Recurrent cellulitis ⬜ No ⬜ Yes

Pain ⬜ No ⬜ Yes Progressive co-morbidities ⬜ No ⬜ Yes

Excess body weight ⬜ No ⬜ Yes Cognitive impairment ⬜ No ⬜ Yes

Ability to don/doff garments ⬜ No ⬜ Yes Sedentary lifestyle ⬜ No ⬜ Yes

Functional problems ⬜ No ⬜ Yes Chronic skin condition ⬜ No ⬜ Yes

Psychosocial ⬜ No ⬜ Yes Sleeping in chair ⬜ No ⬜ Yes

**LNW Outcome**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ⬜ 1 At Risk  | ⬜ 2 Mild | ⬜ 3 Moderate | ⬜ 4 Severe | ⬜ 5 Complex | ⬜ 5W Complex  with wound |

**ISL Staging**

⬜ Stage 0 ⬜ Stage 1 ⬜ Stage 2 ⬜ Stage 3

 *(Latency)* *(Mild/pitting) (Moderate/non-pitting) (Complex/fibrosis/skin changes)*

**BLS Grouping**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group 0** – *Latent (at high risk)* |  | **Group 3.1** – *Complex LO: one limb* |  |
| **Group 1** – *Early Lymphoedema* |  | **Group 3.2** – *Complex LO: multiple limbs*  |  |
| **Group 2** – *Uncomplicated (established) LO* |  | **Group 3.3** – *Complex midline LO* |  |
|  |  | **Group 4** - *Palliative* |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Time in units (TIU) |  | TIU total: |  | Date of next appointment: |  |

**Therapist Signature:** **Date:**

**Print Name:** **Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Actions & Communications Since Last Appointment**

*Patient Sticker*

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