

M1030: Number of Venous and Arterial Ulcers

M1030. Number of Venous and Arterial Ulcers

Enter Number

Enter the total number of venous and arterial ulcers present

Item Rationale

Health-related Quality of Life

Skin wounds and lesions affect quality of life for residents because they may limit activity, may be painful, and may require time-consuming treatments and dressing changes.

Planning for Care

The presence of venous and arterial ulcers should be accounted for in the interdisciplinary care plan.

This information identifies residents at risk for further complications or skin injury.

Steps for Assessment

Review the medical record, including skin care flow sheet or other skin tracking form.

Speak with direct care staff and the treatment nurse to confirm conclusions from the medical record review.

Examine the resident and determine whether any venous or arterial ulcers are present.

Key areas for venous ulcer development include the area proximal to the lateral and medial malleolus (e.g., above the inner and outer ankle area).

Key areas for arterial ulcer development include the distal part of the foot, dorsum or tops of the foot, or tips and tops of the toes.

Venous ulcers may or may not be painful and are typically shallow with irregular wound edges, a red granular (e.g., bumpy) wound bed, minimal to moderate amounts of yellow fibrinous material, and moderate to large amounts of exudate. The surrounding tissues may be erythematous or reddened, or appear brown-tinged due to hemosiderin staining. Leg edema may also be present.

Arterial ulcers are often painful and have a pale pink wound bed, necrotic tissue, minimal exudate, and minimal bleeding.

DEFINITIONS

VENOUS ULCERS

Ulcers caused by peripheral venous disease, which most commonly occur proximal to the medial or lateral malleolus, above the inner or outer ankle, or on the lower calf area of the leg.

ARTERIAL ULCERS

Ulcers caused by peripheral arterial disease, which commonly occur on the tips and tops of the toes, tops of

DEFINITION

HEMOSIDERIN

An intracellular storage form of iron; the granules consist of an ill-defined complex of ferric hydroxides, polysaccharides, and proteins having an iron content of approximately 33% by weight. It appears as

M1030: Number of Venous and Arterial Ulcers (cont.)

Coding Instructions

Pressure ulcers coded in M0210 through M0300 should **not** be coded here.

Enter the number of venous and arterial ulcers present.

Enter 0: if there were no venous or arterial ulcers present.

Coding Tips

Arterial Ulcers

Trophic skin changes (e.g., dry skin, loss of hair growth, muscle atrophy, brittle nails) may also be present. The wound may start with some kind of minor trauma, such as hitting the leg on a wheelchair. The wound does not typically occur over a bony prominence, however, can occur on the tops of the toes. Pressure forces play virtually no role in the development of the ulcer, however, for some residents, pressure may play a part. Ischemia is the major etiology of these ulcers. Lower extremity and foot pulses may be diminished or absent.

Venous Ulcers

The wound may start with some kind of minor trauma, such as hitting the leg on a wheelchair. The wound does not typically occur over a bony prominence, and pressure forces play virtually **no** role in the development of the ulcer.

Example

A resident has three toes on *their* right foot that have black tips. *They* do not have diabetes, but has been diagnosed with peripheral vascular disease.

Coding: Code **M1030 as 3**.

Rationale: Ischemic changes point to the ulcer being vascular.

