


## NURSING QUICK REFERENCE: WOUND CARE BASICS


Provided by Singh Wound Care | Dr. Singh, MD *Mobile Physician Services* • (833) WOUNDOC

### GUIDE 6: Venous Disease Classification (The C.E.A.P. System)

**Primary Use:** Assessing the severity of Chronic Venous Insufficiency (CVI) before an ulcer even forms. **Goal:** Identify "At Risk" legs (C3–C4) to prevent the "Active Ulcer" (C6).

 The "C" Scale (Clinical Signs) *Classify the leg based on the most severe symptom present.*

- **C0:** No visible or palpable signs of venous disease. (Leg looks normal).
- **C1:** Spider Veins (Telangiectasias) or Reticular Veins (<3mm).
  - *Look for:* Tiny purple/blue web-like veins.
- **C2:** Varicose Veins (>3mm).
  - *Look for:* Bulging, rope-like veins under the skin, usually when standing.
- **C3:** Edema (Swelling).
  - *Look for:* Ankle swelling that often improves with elevation but returns after walking/sitting. Pitting edema.
- **C4:** Skin Changes (The Danger Zone).
  - **C4a:** Pigmentation (brown staining) or Eczema (red/itchy rash).
  - **C4b:** Lipodermatosclerosis (skin becomes hard/leathery and tight, "Champagne Bottle" leg) or Atrophie Blanche (small white scar areas).
- **C5:** Healed Venous Ulcer.
  - *Look for:* Scar tissue where an ulcer used to be.
- **C6:** Active Venous Ulcer.
  - *Look for:* Open wound, usually on the medial ankle, with irregular edges and drainage.

 **The Singh Standard (Management by Stage)**

1. **Early Intervention (C1–C2):**
  - Encourage elevation.

- Monitor for skin breakdown.
2. The "Swelling" Phase (C3):
- **Compression is Critical:** This is the best time to start compression socks (15–20 mmHg) *if* arterial flow is intact.
  - **Goal:** Stop the fluid from stretching the skin.
3. The "Skin Change" Phase (C4a/C4b):
- **Moisturize:** Use fragrance-free barrier creams to treat the dry/itchy "venous eczema."
  - **Protect:** The skin is fragile (like tissue paper). Protect shins from trauma to prevent an ulcer.
4. The Ulcer Phase (C6):
- **Treat the Wound:** Absorb drainage (Alginates/Foams).
  - **Treat the Cause:** Multi-layer compression wraps (e.g., Profore) ordered by Dr. Singh to pump fluid out.

 **Red Flags**

- **Sudden Asymmetry:** One leg is significantly more swollen than the other (Rule out DVT).
- **Pain Out of Proportion:** Venous ulcers hurt, but "screaming pain" might indicate arterial involvement or infection.
- **Rapid Progression:** A patient moving from C3 (Swelling) to C6 (Ulcer) in less than a week.