Leg Ulcer Treatment Algorithm

Patient with a wound on the lower limb

RED FLAG ASSESSMENT
- Acute or spreading infection of leg or foot (e.g. increasing unilateral redness, swelling, pain, pus, heat) [see WVT Wound Infection Framework]
- Symptoms of sepsis [see WVT Wound Infection Framework]
- Acute or chronic limb threatening ischaemia [Urgent referral to vascular centre]
- Suspected deep vein thrombosis (DVT) [Refer to GP]
- Suspected skin cancer [Urgent referral to dermatology services]

Consider:
- Acute heart failure
- End of Life (See WVT Palliative Lower Limb Oedema Algorithm)

Consider other causes and refer to appropriate specialist.
- Dermatology
- Malignancy
- Pressure
- Autoimmune disease
- Arterial insufficiency
- Diabetes

No

Immediate care should include:
- Wound, skin cleansing and use **Cutimed® DebriClean** as required
- Simple low adherent dressing with sufficient absorbency
- Oedema assessment
- Apply ≤20mmHg of compression to the lower limb (e.g. **JOBST® UlcerCare™** Liner)
- When appropriate, people with leg and foot wounds should be supported to self-care

Within 14 days perform holistic assessment:
- PMH
- Limb / Vascular assessment
- ABPI (if unable to obtain, due to oedema*, refer to WVT Chronic Oedema and Wet Legs Algorithm)
- Ulcer history
- Wound assessment

ABPI <0.5
Urgent referral to vascular centre. STOP compression

ABPI 0.5-0.8
Mixed disease. Refer to vascular centre or lower limb service. Continue with ≤20mmHg

ABPI >1.3
Consider calcification, assess foot pulses and doppler waveflow. Consider referral to vascular centre or lower limb service

ABPI 0.8-1.3
OR palpable foot pulses. Venous

Continue with compression therapy until appointment

Consider why exudate is not controlled with topical dressings. Is there any evidence of infection (See WVT Wound Infection Framework) or increased bacterial load? Is the dressing size / choice appropriate for exudate amount?

Re-assess weekly

If oedema present apply **Actico™** compression bandage system. If no oedema present apply **Actico™** compression bandage system or use **JOBST® FarrowWrap®** range

Is the exudate controlled within topical dressing?

No

Yes

Is there a large amount of reducible oedema / limb distortion?

No

Apply **JOBST® UlcerCare™** Kit 40mmHg

Yes

Apply **JOBST® FarrowWrap®** range

Once leg ulceration is healed refer to recommendations in the Best Practice Statement: Compression hosiery (2nd edition) (Wounds UK 2015). Consider referral to vascular services to assess need for venous intervention to reduce the risk of recurrence, as per NICE guidelines CG168 2013

When oedema and limb distortion controlled, either continue with **JOBST® FarrowWrap®** range or change to **JOBST® UlcerCare™** Kit

After four weeks of treatment if there is no significant progress towards healing or are deteriorating should be escalated to vascular centre or lower limb service for advice. If the wound does not heal in 12 weeks and shows no significant progress towards healing should be escalated for vascular centre or lower limb service for input