## Lower Limb Wound Pathway



Patient with a wound on the lower limb If patient a diabetic and wound on foot refer urgently RED FLAG ASSESSMENT to podiatry Spreading infection • If patient has limb • Red hot swollen leg threatening ischaemia --Yes-> • Limb threatening ischaemia refer urgently to Vascular Suspected DVT Service Suspected skin cancer Any other concerns discuss No with GP urgently Within 24 hours of presenting with wound, commence the following: Wound and skin cleansing Simple low adherent dressing with sufficient absorbency • Advise patient reasons for compression Apply ≤20mmHg of compression to the lower limb if no signs of arterial insufficiency are present (e.g. Class 1 British Standard Hosiery) Refer for/arrange full lower limb holistic assessment **ABPI >1.3** Consider calcification, assess foot pulses, Doppler waveform. If unsure consider referral to vascular centre Within 14 days complete: ABPI < 0.5 and / or tissue viability. Urgent referral to vascular Patient medical history Continue with ≤20mmHg Leg Ulcer Assessment centre. STOP compression • Limb assessment compression Ulcer history Wound assessment • ABPI or other vascular ABPI 0.5-0.8 assessment Mixed disease. Refer to Suspected venous ulceration tissue viability service, - Consider vascular referral continue with ≤20mmHg for venous function ABPI 0.8-1.3 assessment and possible Patient requires compression venous intervention of at least 40 mmHg If oedema present Is the exudate controlled apply inelastic compression bandage within topical dressing?\* system - Actico® No If no oedema present Yes apply inelastic compression bandage system or elastic Is there a large amount of reducible **Ongoing Treatment** compression bandage oedema / limb distortion? system e.g. Actico® or K2

After four weeks of treatment if there is no reduction in ulcer size or limb volume refer to tissue viability / vascular service for review.

Re-assess

weekly

Apply Actico® or consider a ReadyWrap® if a self care option is appropriate

When oedema and limb distortion controlled, change to ActiLymph® hosiery kit

If no oedema apply Activa® leg ulcer hosiery kit. If oedema present apply ActiLymph® hosiery kit

## Once leg ulceration is healed

To prevent recurrence; prescribe compression hosiery e.g. British Standard if no oedema present or European Class if oedema is present. If not previously completed, consider referral to vascular services to assess need for venous intervention to reduce the risk of recurrence, as per NICE guidelines CG168 (2013)

M2218 V2 1

© Atkin and Tickle 2019