Lower Limb Wound Pathway

Northamptonshire Healthcare
NHS Foundation Trust

Northamptonshire Healthcare
Integrated Care Board

Immediate Care

Patient with a wound on the lower limb

RED FLAG ASSESSMENT
- Spreading infection
- Red hot swollen leg
- Limb threatening ischaemia
- Suspected DVT
- Suspected skin cancer

Consider:
- Acute heart failure
- End of life
- Diabetes

Yes →
- If patient has diabetes and wound to foot (below ankle) refer to NHFT High Risk Foot Team (urgent - within 1 working day)
- If patient has limb threatening ischaemia – GP to refer urgently to Vascular Hot Clinic
- Any other concerns discuss with GP urgently

No ↓

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 (Class 1 Activa® British Standard hosiery or consider two Activa® hosiery liners)

If the patient has considerable limb distortion or exudate and not suitable for hosiery consider application of Urgo K Two Reduced bandage until urgent full lower limb assessment is completed.

Leg Ulcer Assessment

Within 14 days complete full lower limb holistic assessment:
- Patient medical history
- Limb assessment
- Ulcer history
- Wound assessment
- ABPI or other vascular assessment

ABPI <0.6
Urgent referral to vascular team via GP. STOP compression

ABPI 0.6-0.8
Refer to Vascular team via GP continue with ≤20mmHg

ABPI >1.3
Consider calcification
Assess foot pulses, Doppler waveform and toe pressures.
If clinical symptoms of PAD, non-healing/deteriorating wound or considering higher compression refer to Vascular team.
Continue with ≤20mmHg compression

ABPI 0.8-1.3
Patient requires compression of at least 40 mmHg

If suspected venous ulceration, patient requires assessment of venous function and **consideration** of venous intervention.
Consider routine Vascular referral. Continue with compression therapy (minimum 40mmHg), appropriate dressing regime (GP to agree funding) and patient advice until appointment.
This will reduce the risk of recurrence as per NICE guidelines CG168 (2013)

Ongoing Treatment

*Is the exudate controlled within topical dressing?

No →
If ankle circumference 18-32cm apply Urgo K Two
If ankle circumference greater than >32cm and/or oedema limb distortion apply Actico® inelastic compression bandage

Re-assess weekly

Yes ↓

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

No →
If no oedema apply Activa® British Standard leg ulcer hosiery kit. If oedema present apply ActiLymph® European Class hosiery kit

Yes ↓
Apply Actico® inelastic compression bandage if limb distortion is severe. Alternatively apply ReadyWrap® adjustable wrap system

When oedema and limb distortion controlled, change to ActiLymph® European Class hosiery kit or continue with ReadyWrap® adjustable wrap system

* Consider why exudate is not controlled with topical dressings, is there any evidence of infection or increased bacterial load, is the dressing size/choice appropriate for exudate amount?

After four weeks of treatment if there is no reduction in ulcer size or limb volume refer to vascular/tissue viability service for review. If the wound does not heal in 12 weeks, reassess and consider referral to tissue viability service for review

Once leg ulceration is healed
To prevent recurrence; continue or prescribe compression hosiery e.g. Activa® British Standard if no oedema present or ActiLymph® European Class if oedema is present.

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