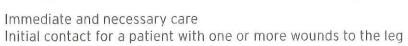
Leg Ulcer Treatment Algorithm





RED FLAGS ASSESSMENT Acute or spreading infection of leg or foot (e.g. increasing RED FLAGS PRESENT unilateral redness, swelling, pain, pus, heat) People with red flag symptoms require immediate attention from a relevant specialist to reduce the risk of Symptoms of sepsis Acute or chronic limb threatening ischaemia [Urgent rapid deterioration or serious harm. Treat suspected infection in line with NICE antimicrobial referral to vascular services] Suspected deep vein thrombosis (DVT) [Refer to GP] Suspected skin cancer [Urgent referral to dermatology Immediately escalate to relevant clinical specialist For people in the last few weeks of life, seek input from People with leg and foot wounds with RED FLAG their other clinicians to agree an appropriate care plan symptoms should not be treated with compression NO RED FLAGS Immediate care on initial assessment Simple low adherent dressing Supported self-care (when appropriate) Leg wounds, first line mild graduated compression DIAGNOSIS AND TREATMENT ≤20mmHg of compression to the lower limb Within 14 days perform holistic assessment: (e.g. JOBST® UlcerCare™ Liner) PMH • Wound assessment · Ulcer history · Limb / Vascular assessment · ABPI (if unable to obtain, due to oedema*, refer to NHS Forth Valley Chronic Oedema and Wet Legs Algorithm) ABPI >1.3 or unable to obtain reading due to **ABPI 0.5-0.8** ABPI < 0.5 ABPI 0.8-1.3 oedema Urgent referral to Venous vascular centre. Continue with STOP compression compression JOBST® UlcerCare™ Liner) for compression guidance Yes Apply compression wrap system, Is the exudate e.g. JOBST® FarrowWrap® range Yes controlled within Apply an ulcer kit, Reassess as necessary e.g. JOBST® UlcerCare™ Kit 40mmHg No No Yes Consider applying Actico™ or Coban™ 2 dressings and refer to Forth Valley Exudate Pathway. compression bandaging system Is there any evidence of infection or increased bacterial Consider applying K-Two™ compression

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

exudate amount?

Consider referral to vascular services to assess need for venous intervention to reduce the risk of recurrence, as per NICE guidelines CG168 2013.

Ongoing care and review

No

bandaging system

Review wound at each dressing change and weekly Intervals.

Monitor healing at 4 week intervals (or more frequently) and consider referral to Tissue Viability if deteriorating or making no significant process in healing.

If unhealed at 12 weeks, conduct a comprehensive reassessment (including ABPI) and consider referral to Tissue Viability if or making no significant process in healing