Lower Limb - recommendations for clinical care

For further information, please refer to the full NWCSP Lower Limb Recommendations at NationalWoundCareStrategy.net

National Wound Care Strategy Programme
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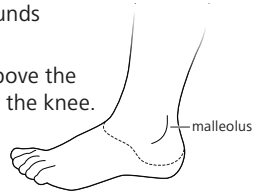
Immediate and Necessary Care

For people with one or more wounds below the knee.

Leg wound- originating on or above the malleolus (ankle bone) but below the knee.

Foot wound - originating below the malleolus.



RED FLAGS

- Acute infection of leg or foot (e.g. increasing unilateral redness, swelling, pain, pus, heat).
- Symptoms of sepsis.
- Acute or chronic limb threatening ischaemia.
- Suspected deep vein thrombosis (DVT).
- Suspected skin cancer.

- Treat infection.
- Immediately escalate.
- For people in the last few weeks of life, seek input from their other clinicians.

Immediate care

- Cleaning and emollient.
- Simple low-adherent dressing.
- Leg wounds, first line mild graduated compression.
- Supported self-care (when appropriate).

Assessment times for diagnosis and treatment

- In hospital with diabetic foot wound - refer to MDT **within 24 hours.**
- Any other type of foot wound - refer to MDT **within 1 working day.**
- Leg wounds - **assess within 14 days.**

Wounds on the Foot

One or more wounds below the malleolus

Diagnosis and treatment

1 Assess and identify contributing causes for non-healing

2. Diagnose cause of non-healing and formulate treatment plan

People with confirmed or suspected diabetic foot ulceration

- Refer to diabetic foot team.
- Provide care in line the NICE Guideline for Diabetic Foot Problems.

People with confirmed or suspected peripheral arterial disease

- Refer for vascular surgical opinion.
- Provide care in line the NICE Guideline for Peripheral Arterial Disease.

Ongoing care and review

Review at each dressing change and at weekly intervals

- Monitor healing at **4-week intervals** (or more frequently if concerned).
- If unhealed at **12 weeks**, reassess.

Wounds on the Leg

One or more wounds above the malleolus

Diagnosis and treatment

1 Assess and identify contributing causes for non-healing

2. Diagnose cause of non-healing and formulate treatment plan

Leg wounds with an adequate arterial supply and no aetiology other than venous insufficiency

- Refer for venous surgical/endovenous interventions.
- Strong compression therapy.

Leg wounds with signs of arterial disease

- Refer for vascular surgical/endovenous interventions and advice on compression.
- Pending vascular opinion, if no symptoms of arterial insufficiency, continue with mild graduated compression.

Leg wounds of other or uncertain aetiology

- Refer for dermatology opinion (or other specialist depending on symptoms and service arrangements).
  - Pending specialist opinion if no symptoms of arterial insufficiency, continue with mild graduated compression.

Lymphoedema

- Refer for expert diagnosis and advice about lymphoedema.

Ongoing care and review

Review at each dressing change and weekly intervals

Monitor healing at 4-week intervals (or more frequently if concerned)

- If deteriorating or no significant progress towards healing, escalate.

If unhealed at 12 weeks, reassess

- If progressing to healing but still unhealed, undertake comprehensive re-assessment.
- If deteriorating or no significant progress towards healing, escalate.

Following healing

Venous Leg Ulceration

- Compression hosiery.
- 6-monthly review for replacement of compression garments and ongoing advice.
- If changes in lower limb symptoms or skin problems relating to hosiery, undertake comprehensive re-assessment.