

Immediate and Necessary Care Pre Doppler Pathway

Patient presents with wound to lower leg or break to the skin below the knee or above the malleolus (ankle bone)

- Consider:**
- Acute Heart Failure
 - End of life
 - Malignancy
 - Pressure
 - Autoimmune disease
 - Arterial insufficiency
 - Diabetes

- RED FLAG ASSESSMENT**
- Acute Infection (e.g. increasing unilateral erythema, swelling, pain, pus, heat)
 - Signs or symptoms of SEPSIS
 - Acute or chronic limb threatening ischaemia (e.g. PAD in combination with rest pain, gangrene or lower limb ulceration > 2week duration)
 - Suspected acute deep vein thrombosis (DVT)
 - Suspected skin cancer
 - Bleeding varicose veins

- If RED FLAGS present:**
- If Infection present treat by referring to Wound Infection Guidance
 - Apply dressing following the Wound Infection Guidance
 - Apply Lantor and crepe bandage
 - Immediately escalate to relevant clinical specialist team
 - For people in the last few weeks of life, seek input from their other clinicians to agree an appropriate care plan

Are there any red flags present?

Yes

No

Assess patients limb shape

Regular limb shape

Abnormal limb shape, chronic oedema or lymphoedema present with ankle circumference >25cm

- Apply mild compression (<20mmHg)**
- Wound bed, peri wound and limb skin cleansing and emollient, as required
 - Apply suitable dressing from the wound management formulary (e.g. UrgoStart Plus Treatment range or formulary equivalent)
 - JOBST® UlcerCare liner (15-20mmHg) or UrgoKTwo Reduced (20mmHg)
 - Educate patient on leg ulcer management & self care

- Apply mild compression (<20mmHg)**
- Wound bed, peri wound and limb skin cleansing and emollient, as required
 - Apply suitable dressing from the wound management formulary (e.g. UrgoStart Plus Treatment range or formulary equivalent)
 - Apply layer of lantor wool to shape limb
 - Apply UrgoKTwo reduced bandage system (20mmHg)
 - Educate patient on leg ulcer management & self care

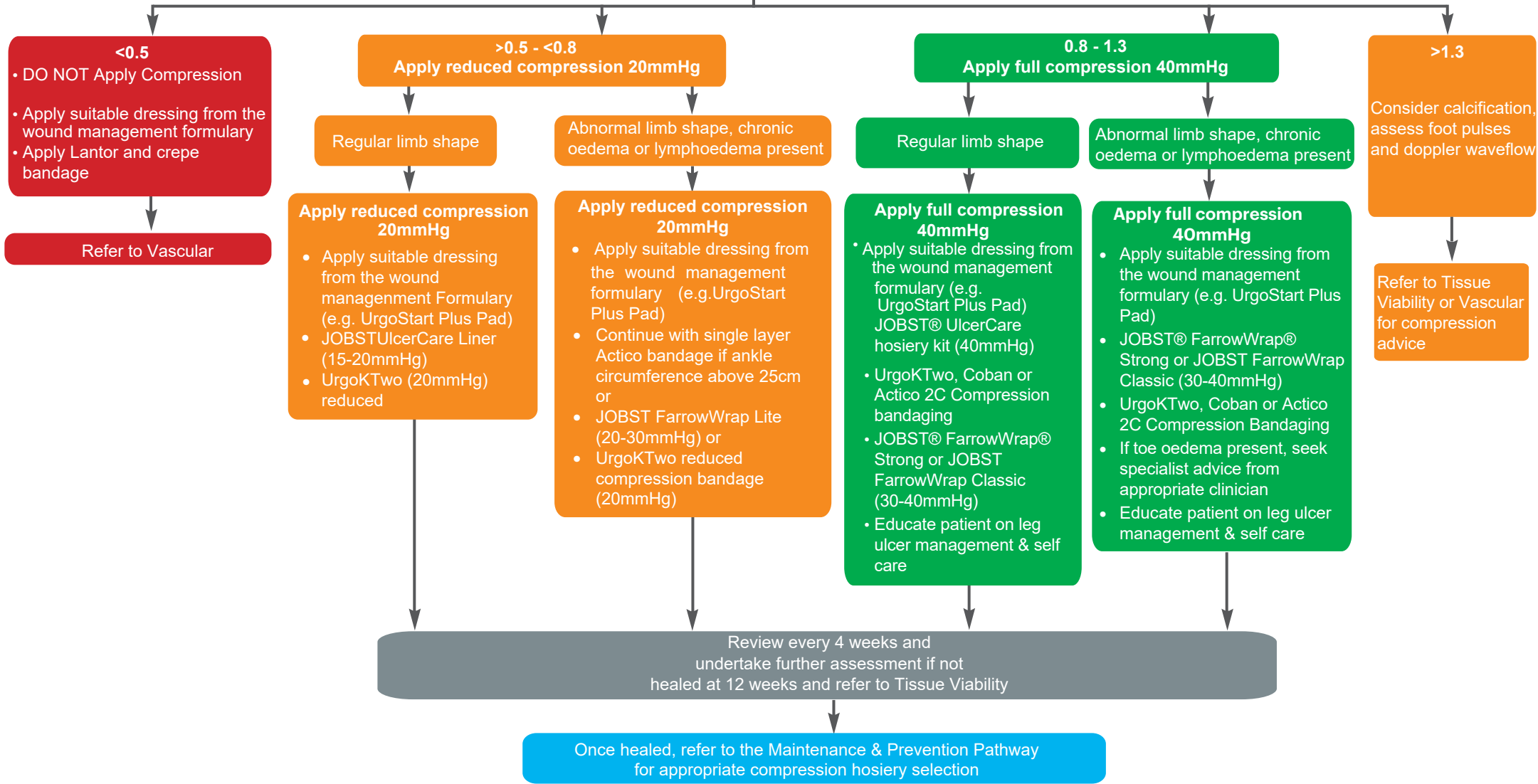
COMPLETE FULL HOLISTIC ASSESSMENT OF WOUND AND LOWER LIMB WITHIN 14 DAYS
This must include a doppler assessment to gain an ABPI reading. (If unable to obtain due to oedema, refer to NHS Forth Valley Chronic oedema and wet lets algorithm or seek advice from Tissue Viability)

Refer to post doppler treatment pathway following assessment at 14 days

Post-Doppler Treatment Pathway

Following the immediate and necessary care pathway. Perform holistic assessment, including an ABPI (doppler). Review wound and consider:
Infection
Exudate
Wound Management Plan

ABPI Result



Compression Therapy Decision Pathway for prevention and following Leg Ulcer Healing

