**Leg Ulcer Treatment Algorithm**

**Patient with a wound on the lower limb**

Holistic patient assessment including:
- Past medical history
- Limb assessment
- Ulcer history

Signs of venous disease/oedema, e.g. varicosities, skin changes, skin staining, oedema, eczema?

- **ABPI <0.5**
  - Urgent referral to vascular centre, no compression

- **ABPI 0.5-0.8**
  - Mixed disease, refer to vascular centre/tissue viability team, reduced compression following specialist advice

Perform ABPI

- **ABPI 0.8-1.3**
  - No evidence of significant arterial disease safe to compress

Is the exudate controlled within topical dressing?

- **Yes**
  - Is there a large amount of reducible oedema/limb distortion?
    - **Yes**
      - Apply Activa® compression bandage system if deep skin folds are present. If not, consider ReadyWrap™
    - **No**
      - When oedema and limb distortion controlled, change to Actilymph® hosiery kit

- **No** or mild oedema present, apply Actico® or Actico®2C compression bandage system if moderate/severe oedema present, apply Actico® compression bandage system.

Re-assess weekly

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 venous intervention to reduce the risk of recurrence, as per NICE guidelines CG168 (2013).

ABPI >1.3

- Consider calcification, assess foot pulses, Doppler waveflow. Consider referral to vascular centre and/or tissue viability

* 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 4 weeks of treatment, if there is no reduction in ulcer size refer to vascular/tissue viability service for review.

If the wound does not heal in 12 weeks refer to vascular/tissue viability service for review.

Adapted from Atkin and Tickle (2016); Wounds UK (2016)