Patient with a wound on the lower limb

ABPI <0.5
Urgent referral to vascular centre, no compression

ABPI 0.5-0.8 mixed disease or if unable to obtain ABPI, refer to vascular centre/tissue viability team to consider compression options.

ABPI >1.3
Consider calcification, assess foot pulses, Doppler waveform. Consider referral to vascular centre and/or tissue viability

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

Yes

Perform ABPI

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

If suspected venous ulceration please refer to vascular centre for consideration of venous intervention

DO NOT WAIT FOR REVIEW PRIOR TO COMMENCING COMPRESSION.

If order/ophthalmic present, apply Actico® compression bandage system

If moderate/severe oedema present, apply Actico®2C. If deep skin folds are present, refer to vascular/tissue viability service for review.

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

Apply Activa® leg ulcer hosiery kit or Actilymph® hosiery kit

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

Yes

Apply inelastic compression bandage system e.g. Actico®. If deep skin folds are present, refer to vascular/tissue viability service for review.

When oedema and limb distortion controlled, change to ActiLymph® hosiery kit

Is the exudate controlled within topical dressing?

Yes

Implement exudate solution plan:
Step 1: Remove barriers to healing from the wound e.g. by using Debrisoft®

Step 2: Manage exudate with a superabsorbent dressing, e.g. Vliwasorb® Pro

Step 3: If no or mild oedema present, apply Actico®2C. If moderate/severe oedema present, apply Actico® compression bandage system

No

Re-assess weekly

No

Unable to perform ABPI refer to vascular nurse or TVN

Consider other causes and refer to appropriate specialist:
- Dermatology
- Malignancy
- Pressure
- Autoimmune
- Arterial
- Diabetes

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

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)

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