Consider:
- Acute heart failure
- End of life

RED FLAG ASSESSMENT
- Spreading infection
- Red hot swollen leg
- Limb threatening ischaemia
- Suspected DVT
- Suspected skin cancer

Within 24 hours of presenting with wound, commence the following:
- Wound and skin cleansing
- Simple low adherent dressing with sufficient absorbency
- Advise patient reasons for compression
- Apply <20mmHg of compression to the lower limb (Class 1 British Standard Hosiery)

ABPI <0.5
Urgent referral to vascular centre. STOP compression

ABPI 0.5-0.8
Mixed disease. Refer to vascular centre / tissue viability team, continue with <20mmHg

ABPI 0.8-1.3
Venous

Within 14 days perform holistic assessment:
- Patient medical history
- Limb assessment
- Ulcer history
- Wound assessment
- ABPI or other vascular assessment

Is the exudate controlled within topical dressing?*
- Yes
- No

Is there a large amount of reducible oedema / limb distortion?
- Yes
- No

Apply inelastic compression bandage system if deep skin folds are present, or consider a wrap system

When oedema and limb distortion controlled, change to hosiery kit 40mmHg

If oedema present apply inelastic compression bandage system.
- If no oedema present apply elastic or inelastic compression bandage system

Re-assess weekly

After four 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

Appropriate referral if necessary

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

If suspected venous ulceration refer to vascular centre for consideration of venous intervention.
- Continue with compression therapy (minimum 40mmHg), appropriate dressing regime, and patient advice until appointment

Compression hosiery kit 40mmHg

Once leg ulceration is healed
- To prevent recurrence; prescribe compression hosiery e.g. British Standard if no oedema present or European Class if oedema is present.
- Consider referral to vascular services to assess need for venous intervention to reduce the risk of recurrence, as per NICE guidelines CG168 (2013)

If patient diabetic and wound on foot refer urgently to diab centre (diab foot MDT clinic)
- If patient has limb threatening ischaemia - refer urgently to your Vascular Service
- Any other concerns discuss with GP urgently

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