Lower Limb Wound Pathway

Patient with a wound on the lower limb

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

Consider:
- Acute heart failure
- End of life

If patient a diabetic and wound on foot refer urgently to local diabetic foot MDT service
If patient has limb threatening ischaemia - refer urgently to your Vascular Service
Any other concerns discuss with GP urgently

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 if no signs of arterial insufficiency are present (e.g. Class 1 British Standard Hosiery)

Refer for/arrange full lower limb holistic assessment

**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**
Patient requires compression of at least 40 mmHg

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

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

Apply inelastic compression bandage or consider a wrap system if a self care option is appropriate

Is the exudate controlled within topical dressing?*
- Yes
  - Is there a large amount of reducible oedema / limb distortion?
    - Yes
      - When oedema and limb distortion controlled, change to European Class hosiery kit
    - No
      - 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 no oedema apply British Standard leg ulcer hosiery kit. If oedema present apply European Class hosiery kit

- No
  - **ABPI >1.3**
    - Consider calcification, assess foot pulses, Doppler waveform. If unsure consider referral to vascular centre and / or tissue viability. Continue with <20mmHg compression

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viability team, continue with ≤20mmHg**

- No
  - **Mixed disease. Refer to vascular centre / tissue viabilit