

Leg Ulcer Treatment Algorithm

[trust logo]

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

Consider other causes and refer to appropriate specialist:

- Dermatology
- Malignancy
- Pressure
- Autoimmune disease
- Arterial insufficiency
- Diabetes

No

Within 24 hours of presenting with wound, commence the following:

- Wound and skin cleansing
- Simple low adherent dressing with sufficient absorbency
- Apply ≤ 20 mmHg of compression to the lower limb

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 ≤ 20 mmHG

Within 14 days perform holistic assessment:

- PMH
- Limb assessment
- Ulcer history
- Wound assessment
- ABPI or other vascular assessment

ABPI >1.3

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

ABPI 0.8-1.3 Venous

If suspected venous ulceration please refer to vascular centre for consideration of venous intervention. Continue with compression therapy until appointment

Is the exudate controlled within topical dressing?

Re-assess weekly

If oedema present apply inelastic compression bandage system. If no oedema present apply elastic or inelastic compression bandage system or use JOBST® FarrowWrap® range

Yes

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

No

Apply JOBST® UlcerCARE™ Kit 40mmHg

Yes

Apply JOBST® FarrowWrap® range

When oedema and limb distortion controlled, either continue with JOBST FarrowWrap range or change to JOBST® UlcerCARE™ Kit

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

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