

Early Intervention Lower Leg and Foot Pathway







Immediate and Necessary Care for Community, Primary Care, Nursing Homes

Patient presents with a wound to lower limb

Complete patient holistic, wound, and red flag assessment.
Include patient's medical and wound history. *To be undertaken by appropriately trained Health Care Professional*

Red Flag Assessment

*See further guidance over

-  Acute infection of lower leg or foot
-  Symptoms of Sepsis
-  Acute or chronic limb threatening Ischaemia
-  Suspected deep vein thrombosis (DVT)
-  Suspected skin cancer
-  Bleeding varicose veins

Red flags excluded

Red flags identified

Initiate Immediate Care Actions

- Wound cleansing
- Use simple non-adherent dressing (refer to Norfolk and Waveney Wound Care Formulary) [WoundCareFormulary](#)
- Start self/ shared care where appropriate

Escalate

- Refer to GP or relevant clinical specialist.
- For management of wound infection follow [NWICS Wound Infection Pathway](#)
- Initiate vascular pathway [Lower Limb Vascular Pathway](#)
- For patients at end of life, liaise with their MDT.

DO NOT APPLY COMPRESSION

- Initiate immediate care actions
- Recommence early intervention pathway once safe to do so.

Where is the wound?

Leg

Foot



Refer to local podiatry service within 1 working day
[Podiatry Referral Guidelines - Knowledge NoW](#)
Continue wound dressings, DO NOT apply compression

Provide mild compression by prescribing British Class One hosiery from formulary for patients with:

- 'normal' limb shape
- Able to be fitted from the standard hosiery formulary range
- Exudate contained within the primary dressing

* See explanatory notes for further guidance

Patients not suitable for mild graduated compression hosiery:

- Irregular limb shape, outside standard hosiery range
- Skin vulnerability
- Prominent bony prominence(s)
- Presence and uneven distribution of oedema
- Exudate not contained within the primary dressing

Refer for Holistic lower leg assessment

Refer to local Leg Ulcer Clinic within agreed service specifications.

Escalation for Treatment

Red flag symptoms are those that have been identified as requiring urgent escalation and immediate management, to prevent the risk of rapid deterioration or serious harm. NWCSP (2020)

Patients with leg and foot wounds **WITH** Red Flags, should **NOT** be treated with compression.

Red Flag Checklist

Acute infection of leg or foot	Acute or chronic limb threatening ischaemia	Malignancy
<ul style="list-style-type: none"> • Symptoms include increasing unilateral redness • Swelling • Pain • Pus • Heat • odour 	<ul style="list-style-type: none"> • Pain- constantly present and persistent • Pulseless- ankle pulses are always absent * listening with a doppler • Pallor (cyanosis or mottling) • Power loss or paralysis • Paraesthesia or reduced sensation or numbness • Perishing with cold 	<p>In the absence of typical venous signs and symptoms, consider other aetiologies including malignancy. Liaise with GP for 2 week wait referral pathway or if the wound is failing to respond as anticipated.</p>
Symptoms of sepsis	Suspected Deep Vein thrombosis (DVT)	Bleeding varicose veins
<ul style="list-style-type: none"> • Loss of consciousness • Severe breathlessness • A high temperature (fever) or low body temperature • A change in mental state-like confusion or disorientation • Slurred speech • Cold, clammy and pale or, mottled skin • A fast heartbeat • Fast breathing 	<p>Symptoms of affected limb include:</p> <ul style="list-style-type: none"> • Throbbing or cramping in 1 leg (rarely both legs) usually in the calf or thigh • Swelling in 1 leg (rarely both legs) • Warm skin around the painful area • Red or darkened skin around the painful area • Swollen veins that are hard or sore when you touch them 	<p>Unable to stem the flow after applying pressure to the area call 999</p>

Treatment of infected diabetic foot ulceration should follow the NICE Guideline for Diabetic foot Ulceration Problems <https://www.nice.org.uk/guidance/ng19>

Treatment for infected leg ulcers should follow the NICE guidance for Leg Ulcer Infection: antimicrobial prescribing <https://www.nice.org.uk/guidance/ng152>

Explanatory notes

The absence of foot pulses when palpated is not included as a red flag, due to the poor sensitivity and specificity of palpation and not a reliable diagnostic sign of inadequate arterial supply, NWCSP (2020). Presence of foot pulses can be checked by listening with a doppler.

The recommendation for wounds on the leg to be treated with compressions is based on the British Lymphology Society view that providing the red flags have been excluded, the benefits of first line mild compression outweigh the risk. NWCSP (2020).

National Wound Care Strategy Programme (2020) Recommendations for Lower Limb Ulcers. Available from [NHS Futures](#)