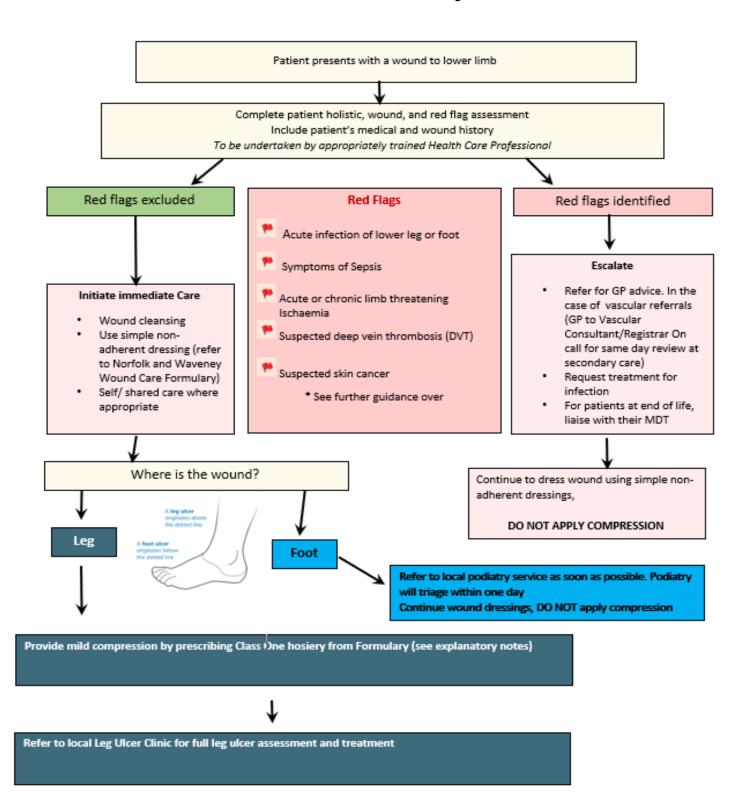


Early Intervention Lower Leg and Foot Pathway Immediate and Necessary Care





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
 Symptoms include increasing unilateral redness Swelling Pain Pus Heat odour 	 Pain- constantly present and persistent Pulseless- ankle pulses are always absent * listening with a doppler if available Pallor (cyanosis or mottling) Power loss or paralysis Paraesthesia or reduced sensation or numbness Perishing with cold 	In the absence of typical venous signs and symptoms, consider other aetiologies including malignancy. Liaise with GP for 2 weeks wait referral pathway or if the wound is failing to respond as anticipated.
Symptoms of sepsis	Suspected Deep Vein thrombosis (DVT)	
 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 	 Symptoms of affected limb include: 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 	

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

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



Explanatory notes

The absence of foot pulses 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 (if a doppler is available).

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).

Norfolk and Waveney integrated system recommend prescribing Class one compression hosiery as formulary (small, medium, and large)

National Wound Care Strategy Programme (2020) Recommendations for Lower Limb Ulcers. <u>https://www.nationalwoundcarestrategy.net/wp-content/uploads/2021/04/Lower-Limb-</u> <u>Recommendations-WEB-25Feb21.pdf</u>