east coast community healthcare

NHS Norfolk and Suffolk Integrated Care Board

NHS East of England Community Health and Care NHS Trust

Norfolk and Waveney Integrated Care Board – Leg Ulcer Pathway (Community Providers)

Immediate and necessary care

Referral into community services for a patient with a wound below the knee and above the ankle.
Full patient and wound assessment to be undertaken

RED FLAG ASSESSMENT

- Acute infection of the leg / foot
- Symptoms of sepsis
- Acute or chronic limb threatening ischaemia
- Suspected deep vein thrombosis (DVT)
- Suspected skin cancer
- Bleeding varicose veins

For any of the above identified, escalate with urgent referral or discussion with the GP

Initial Actions

- Wound & skin cleansing
- Simple low adherent dressing with sufficient absorbance
- Advise patient reasons for compression
- **Apply up to 20mmHg** of compression to lower limb **if no signs of arterial insufficiency** are present – as per early intervention pathway (see Compression Formulary for product choices - Compression formulary

Diagnosis and Treatment

Within 14-28 days complete:

- Holistic lower limb assessment
- Ulcer history
- Patient and Wound assessment
- ABPI or TBPI assessment

ABPI < 0.59 / TBPI < 0.64
Emergency referral to vascular. **Via GP to Consultant/ Vascular registrar on call.**
Vascular Pathway
STOP compression
If ambulatory refer to the practice nurse for wound management

ABPI 0.6-0.8
TBPI 0.64 – 0.7
Consider up to 20mmHg Compression with either Reduced KTwo or garment.
Liaise with GP for vascular referral
Vascular Pathway

ABPI 0.8-1.3 / TBPI > 0.7
Patient requires compression of at least 40mmHg
Refer to vascular via nurse-to-nurse form for consideration of venous intervention Vascular Pathway

ABPI >1.3
Consider calcification, assess foot pulse, Doppler wave flow. Complete a TBPI referral to vascular via GP
Continue with up to 20mmHg reduced compression. Vascular Pathway

Has the patient got normal limb shape and exudate is contained in the primary dressing?

Yes

No

Consider why exudate is not controlled with primary dressing,
Think: evidence of infection or increased microbial load, incorrect dressing or compression
Therapy Wound Infection Pathway

European Class / RAL Hosiery kit - Compression formulary

Apply Full Compression bandage system
(40mmHg)
KTwo Or Actico*
*Indicated if reducible oedema present and / or distortion of leg shape with high levels of exudate. For deep skin folds re shape the leg with padding prior to application.
When oedema/ limb distortion/ exudate stabilised, use European Class / RAL Hosiery kit or appropriate wrap system

Ongoing Treatment

Re assess every 4 weeks
If no reduction in ulcer size at 4 weeks, review treatment plan and refer to TVN or if deterioration noted during treatment, prior to planned 4/52 review, complete full lower limb assessment and escalate accordingly.

- If the patient can manage hosiery, consider self-care with review of the patient at least monthly
- If the patient is unable to tolerate compression therapy or can self-care with compression garment refer to the practice nurse

leg ulceration is healed.
To prevent recurrence; request or prescribe maintenance compression hosiery. Compression formulary
Letter to be sent to GP to include full details of the compression garment and how often patient requires reissue of prescription.