

Leg Ulcer Pathways - Primary Care

Work down the pathway to guide you through the assessment, management and onward referrals required for Leg Ulceration. A Leg Ulcer is defined as skin loss that originates between the knee and malleolus (ankle).

Red Flags		Emergency Actions Required		
Leg ulcer with systemic/ severe infection / sepsis with (tachycardia, pyrexia, hypotension, patient feeling unwell, spreading cellulitis, crepitus, significant deterioration over a short period of time).		Practice Nurses – Transfer urgently to the Emergency Department OR Refer urgently to the Emergency Surgical Assessment Centre (ESAC).		
Clinical evidence of acute limb ischaemia (acute pain, pallor, pulseless, perishingly cold, paraesthesia / acute sensory change, paralysis / acute motor dysfunction for <2 weeks).		District Nurses - Transfer urgently to the Emergency Department OR Contact TVALS or GP to arrange admission to ESAC.		
Leg Ulcers with spreading infection (cellulitis).		Obtain a wound swab and arrange for antibiotics to be commenced. Dress with an anti-microbial, absorbent pad (If required) and follow the Safe Soft Bandaging Pathway. Contact: TVALS or GP to arrange the admission to ESAC.		
Suspected acute deep vein thrombosis.		Refer urgently to the Ambulatory Care Unit.		
Suspected Skin Cancer.		Refer to the Dermatology Department as per the 2 week wait protocol.		
Amber Flags		Urgent action Required		
Do you suspect poor arterial blood supply because the patient has either: <ul style="list-style-type: none"> Constant pain in the foot (typically relieved by dependence and worse at night). A non-healing wound of more than 2 weeks duration and / or gangrene on the foot. 		Complete the Vascular Service – Peripheral Arterial Disease (PAD) / Chronic Limb- Threatening Ischemia Disease Referral Form Send to: dbth.vascular-admin@nhs.net		
Does the patient have any risk factors or visual signs for venous disease on the lower limb including with either: <ul style="list-style-type: none"> Ulceration that Static or deteriorating despite optimum compression therapy. Acute venous bleeding from the leg requiring first aid treatment. 		Complete the Vascular Service –Venous Insufficiency Referral Form. Send to: dbth.vascular-admin@nhs.net		
Assessment and Treatment				
1. Follow the Pathway for Wound Cleansing and undertake and document a wound assessment.				
2. Apply emollient to intact skin as per local policy.				
3. Identify the suspected Leg Ulcer type using the Lower Leg Wound Guidance and follow below guidance.				
4. Suspected Venous or Mixed Leg Ulceration		Confirmed Venous or Mixed Leg Ulceration		Suspected Or Confirmed Arterial Ulceration
50% or more granulation WITHOUT active infection:	50% or more slough or necrosis present AND/OR at risk infection AND/OR active infection:	50% or more granulation WITHOUT active infection:	50% or more slough or necrosis present AND/OR at risk infection AND/OR active infection:	
UrigoStart Plus Pad to broken skin.	UrigoClean AG	UrigoStart Plus Pad to broken skin or UrigoStart Plus Border.	UrigoClean AG.	Acticoat Flex 3 or 7 to broken skin
Kliniderm Super Absorbent (if required).		Kliniderm Super Absorbent or Biatain Silicone (if required).		Kliniderm Super Absorbent.
Bandages as per the Pathway for Safe Soft Bandaging (until a lower limb assessment has been undertaken/confirmed by a Tier 3 or 4 service).		Compression Bandages/ Stocking/ Hosiery/ Wraps as confirmed by a Tier 3 or 4 service. If you don't have to competencies for compression follow the Suspected Venous or Mixed Leg Ulceration plan.		Bandages as per the Pathway for Safe Soft Bandaging. Unless specified differently by the Vascular Service.
5. Onward Referrals				
Refer to a Tier 3 or District Nursing service for a Lower Limb Assessment to be undertaken and for the recommended compression to be commenced. If District Nurses/Tier 3 are unable to complete a Lower Limb Assessment refer to TVALS.				Refer urgently to the Vascular Team (unless the Vascular Team have already confirmed a Conservative plan).
Provide seal-tight dressing protector/ Limbo waterproof dressing protector available on FP10) for patient to wear when showering				
If the named product on this pathway is not available a temporary second line product is available to use. This can be found within the main text of the Doncaster Wide Wound Care Formulary Document.				