Leg Ulcer Pathways - Secondary 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).	Refer urgently to the Vascular Team via switch board.
Clinical evidence of acute limb ischaemia (acute pain, pallor, pulseless, perishingly cold, paraesthesia / acute sensory change, paralysis / acute motor dysfunction for <2 weeks).	
Leg Ulcers with spreading infection (cellulitis).	Obtain a wound swab and arrange for antibiotics to be commenced. Dress with a non-adherent dressing, absorbent pad (if required) and follow the Safe Soft Bandaging Pathway. Ask the managing clinician to consider if a Vascular referral is required.
Suspected acute deep vein thrombosis.	Follow the Venous Thromboembolism (VTE) – Prevention and Treatment of VTE in Patients admitted to hospital – PAT/ T 44 V3.
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: • 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 From 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: • 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 and change the dressings as per exudate either 3 days or 7 days

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:**	
UrgoStart Plus Pad to broken skin.	UrgoClean AG	UrgoStart Plus Pad to broken skin or UrgoStart Plus Border.	UrgoClean 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. Ensure all wounds are referred to The Skin Integrity Team

If the patient remains an inpatient for 14 days the Skin Integrity will arrange for a lower limb assessment to be undertaken to provide a diagnosis and identify if compression therapy can be commenced.

Discharge Referrals and communications should follow the DBTH Pathway for Discharge Communication and Referrals for patients living with Wounds

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.

National Wound Care Strategy Programme 2020, Lower Limb Recommendations for Clinical Care.
Developed by: Tissue Viability and Lymphoedema Service, The Skin Integrity Team, Vascular Nurse Specialist 2021. Updated September 2022. For Review June 2024.