

Immediate and Necessary Lower Limb Care

🚫 Do not use this pathway if there is:

a. Any red flags **b.** Excessive exudate **c.** Abnormal leg shape **d.** Deep pitting oedema or skin folds **e.** Impaired sensation

IDENTIFY

- Legs at risk – examine for signs of early venous disease.
- Those who have a lower limb wound at risk of non-healing due to underlying venous disease.
- If there a clear cause for the wound and / or swelling.
- If the limb is an appropriate build and shape.
- If there is intact sensation.

RED FLAGS

- Signs of acute wound infection
- Signs of Sepsis
- Suspected limb threatening ischaemia
- Suspected DVT
- Bleeding varicose veins
- Suspected skin cancer

Use
a wound
assessment
framework

IMMEDIATE

- Cleanse the wound and surrounding skin.
- Record a digital image of the wound.
- Apply emollient to the surrounding skin.
- Apply a simple non-adherent dressing, with sufficient absorbency (following local guidance and formulary).

NECESSARY

Measure and apply mild compression, BS class 1 (14–17 mmHg) if NO red flags

Prescribe according to local formulary

Provide after care advice on when to wear hosiery, for how long and how to launder appropriately

A person presenting with a leg wound

- A person presenting with a leg wound should receive a full assessment (including an ankle-brachial pressure index within 14 days of the original presentation).
- Consider onward referrals according to local policy:
 - Local leg ulcer clinic / community leg club
 - Vascular specialist for diagnosis of venous disease and/or arterial disease and possible vascular intervention
 - Lymphoedema specialist
 - Dermatology
 - Tissue Viability Nurse