

LOWER LIMB WOUND

MANAGEMENT PATHWAY

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Introduction

The purpose of the lower leg pathway is to guide all clinicians who provide care for patients in community settings with lower leg wounds and oedema in their clinical decision making. The aim of the document is to ensure all patients across Sheffield receive evidence based care and have timely access to appropriate services.

The document is divided into 4 pathways. These have been written to reflect the care required at various stages in lower leg wound management.

Pathway 1 Initial Management

This pathway should be followed by all clinicians to whom a patient may initially present with a lower leg wound.

Pathways 2 & 3 Assessment & Referral & Compression Pathway

These pathways should be followed by trained clinicians in leg ulcer management

Pathway 4 Maintenance

This pathway should be followed by a trained clinician in leg ulcer and hosiery management

All onward referrals within the pathway will be received Monday-Friday 08:30-16:30.

LOWER LIMB WOUND MANAGEMENT PATHWAY

1. INITIAL MANAGEMENT - PRACTICE NURSE, DISTRICT NURSE

PATIENT WITH A WOUND ON THE LOWER LIMB

Consider:

- Acute heart failure
- Renal Failure
- End of life

RED FLAG ASSESSMENT

- Critical limb ischaemia (pain at rest/foot ulcers)
- Spreading infection
- Symptoms of sepsis
- Red/hot swollen leg
- Suspected DVT
- Suspected skin cancer

Yes

For critical limb ischaemia discuss with GP & refer urgently to Vascular (1) – NGH- On call 07964975973

Discuss urgently with GP if yes to any of the other red flag symptoms & seek TVN advice for interim management.

Yes

Patients with diabetes and a foot wound – Refer to Diabetic Foot Pathway. Diabetic MDT foot clinic sth.foot@nhs.net 07775413188

No

Within 14 days of a patient presenting with a wound/on to your caseload commence the following:

1. Take FBC, LFT, U&E, HBAIC and BNP (if heart failure suspected).
2. Complete a wound assessment and upload images.
3. Cleanse the wound and the surrounding skin.
4. Apply a simple low adherent dressing:
 - Low exudate -Silicone Foam Border (under compression hosiery only)
 - High exudate – NA Ultra plus super-absorbent dressing e.g. Kerramax Care
5. Local Infection – Urgotul Ag for 2 weeks and consider antibiotics
6. Check foot pulses and document in records.
7. Palpate foot pulses:
 - Foot pulse present – Prescribe British Standard Class 1 hosiery.
 - Foot pulse absent – Prescribe hosiery 10mmHg liner.
8. Apply wool and K-Lite (toe to knee, 50 % overlap) until hosiery available.
 - Ankle circumference <18cm ankle 1 x K-Lite
 - Ankle circumference >18cm ankle 2 x K-Lite

ONWARD REFERRAL

If not housebound refer immediately to Ambulatory Wound Clinic (AWC).
sth.ambulatorywoundclinics@nhs.net
OR
If housebound refer to District Nurse (DN) service . stht-tr.SPA@nhs.net

ON-GOING WOUND CARE

- Promote patient self-care (provide patient information leaflets – see appendix).
- Continue with planned care above until seen in AWC or by DN service.
- Any concerns with wound deterioration take images and refer to TVN for advice.

LOWER LIMB WOUND MANAGEMENT PATHWAY

2. ASSESSMENT & REFERRAL FOR DISTRICT NURSE / AMBULATORY WOUND CLINIC

PATIENT WITH A WOUND ON THE LOWER LIMB

Consider:

- Acute heart failure
- Renal Failure
- End of life

Discuss urgently with GP if yes to any of the other red flag symptoms & seek TVN advice for interim management.

RED FLAG ASSESSMENT

- Spreading infection
- Symptoms of sepsis
- Red/hot swollen leg
- Critical limb ischaemia (pain at rest/foot ulcers)
- Suspected DVT
- Suspected skin cancer

Yes

For critical limb ischaemia discuss with GP & refer urgently to Vascular (1) – NGH on call 07964975973

Patients with diabetes and a foot wound – Refer to Diabetic Foot Pathway. Diabetic MDT

Yes

No

ABPI <0.6

URGENTLY refer to Vascular Nurse Specialist. Change treatment to wool & x1 Klite
sth.vascularadmin@nhs.net

ABPI 0.61-0.79

Refer to Vascular Nurse Specialist. Continue with current treatment.
sth.vascularadmin@nhs.net

- Complete lower leg assessment within 14 days (bi-lateral).
- Complete wound assessment and images
- Discuss with leg ulcer champion or TVN if support needed with assessment interpretation.
- Assess/manage both legs.
- Any non-diabetic foot wound refer to Community Podiatry

ABPI >1.3

Discuss with TVN to consider referral to Vascular Nurse Specialist for further assessment.

Consider other causes and discuss with TVN:

- Dermatological
- Malignancy
- Pressure
- Autoimmune
- Diabetic
- Sickle Cell

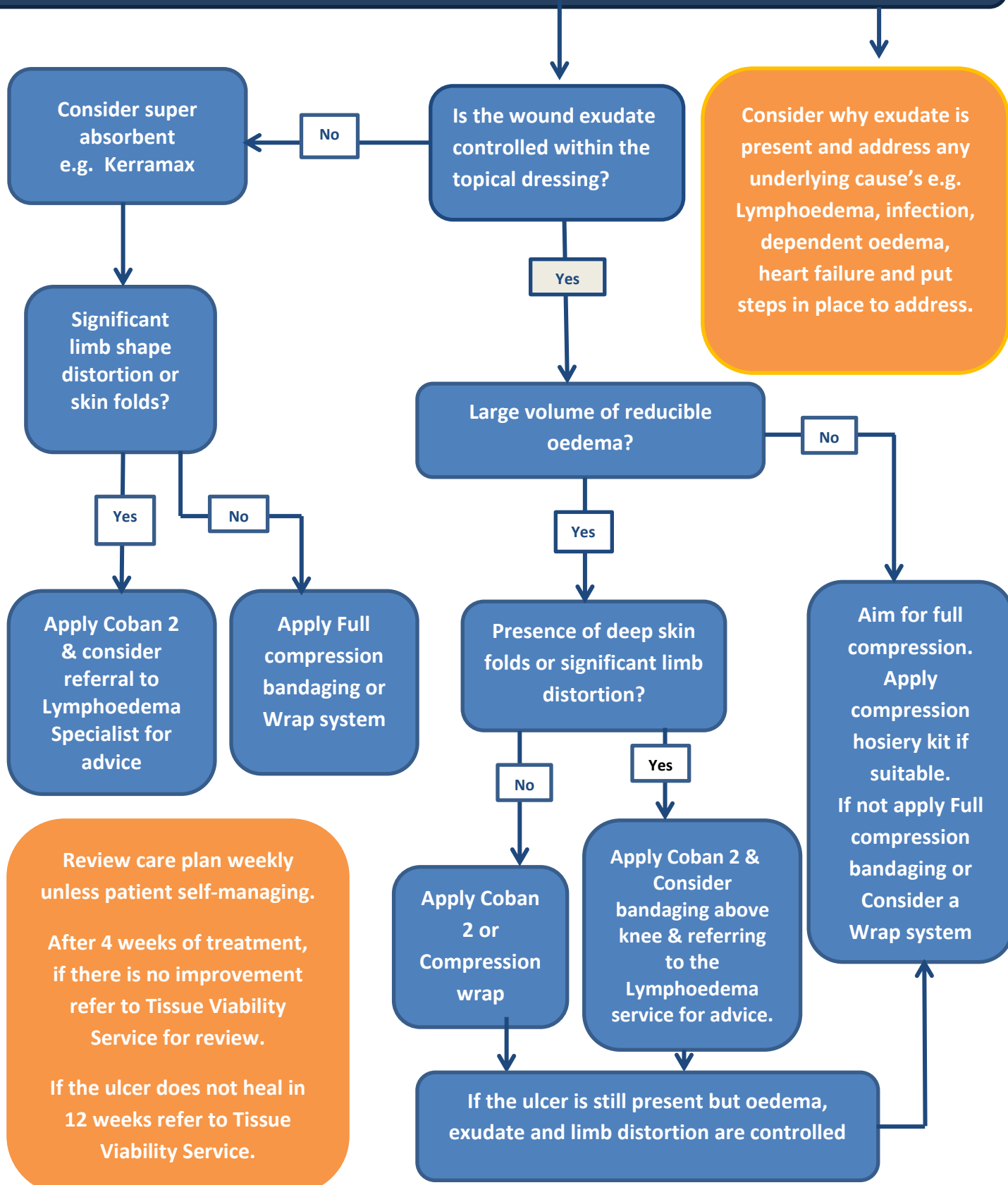
Signs of venous disease, oedema, skin staining, ankle flare, eczema or varicose veins.

ABPI 0.8-1.3

No evidence of significant arterial disease:
Safe to compress - Do not delay compression (See Pathway 3).
Refer to Vascular Nurse Specialist - consideration of venous intervention (2,3) e.g. EVLT if:
1. Patient is independently mobile and
2. BMI <35
Or BMI >35 give weight loss advice and refer for consideration.

LOWER LIMB WOUND MANAGEMENT PATHWAY

3. COMPRESSION PATHWAY (ABPI 0.8-1.3) FOR DISTRICT NURSE / AMBULATORY WOUND CLINIC



LOWER LIMB WOUND MANAGEMENT PATHWAY

4. Maintenance for healed Venous leg ulcers and prevention of oedema

Once healed patient should aim to continue with the current level of compression



If patient is suitable for conventional hosiery, prescribe Class 2 (RAL standard) unless advised otherwise by Vascular or Tissue Viability.

Open toe must be prescribed for patients with diabetes or neuropathy.



If patient is unsuitable for conventional hosiery, consider made to measure hosiery or compression wrap system.

Open toe must be prescribed for patients with diabetes or neuropathy.



If leg ulcer reoccurs within 12 months, re-evaluate care and discuss with TVN.
If leg ulcer reoccurs over 12 months restart Pathway 2.
Consider increasing maintenance hosiery to Class 3.

Legs should be washed on a regular basis and emollient daily.

Hosiery must be worn for life, even with venous intervention.

This should be reviewed and renewed every 3-6 months

Education & provision patient information leaflets.

Review / repeat lower leg assessment as applicable.
For patients with diabetes, PAD & neuropathy, complete leg assessment every 6 months.
For all other patients, every 12 months unless any change in health.

LOWER LIMB WOUND MANAGEMENT PATHWAY

Additional Information

Abbreviations & Definitions:

Referral & contact information:

- **Ambulatory Clinic Wound Clinic**
0114 3078091
Manor Clinic, 12 Ridgeway Road,
Sheffield S12 2ST
Email referral form to:
sth.ambulatorywoundclinics@nhs.net
- **Tissue Viability Service**
0114 271 4144
Tissue Viability Office
Central Nursing
Northern general Hospital
sht-tr.sheffieldcommunitytvs@nhs.net
- **Diabetic Foot Clinic**
07775413188 (Advice Hotline)
Diabetes & Endocrine Centre, Northern
General Hospital.
Referral via EBS or email to:
sth.foot@nhs.net
- **Vascular Nurse Specialist's**
0114 2269311 / 0114 2714688
Sheffield Vascular Institute, Northern
General Hospital
Referral via EBS or email referral
form/letter to:
sth.vascularadmin@nhs.net
- **Vascular On call Registrar**
Bleep 2757 via NGH switchboard: 0114
2434343
Consultant - Vascular Surgery
Referral via EBS or email referral to:
sht-tr.vascularsurgery@nhs.net
- **Community Podiatry**
Podiatry Services, Woodhouse Clinic
Skelton Lane, S13 7LY
Tel: 0114 3078200
sht-tr.podiatrynewreferrals@nhs.net

Patient Information Leaflets:

- **Leg Ulceration** – PD4735
http://nww.sth.nhs.uk/STHcontDocs/STH_PIM/VascularServices/pil1352.pdf
- **Exercise Advice; Venous leg ulcers and lower leg oedema**
PD8837
http://nww.sth.nhs.uk/STHcontDocs/STH_PIM/Community/ICC_Therapy/pil3760.pdf
- **Cellulitis, looking after my legs** -
PD10554
http://nww.sth.nhs.uk/STHcontDocs/STH_PIM/Nursing/TissueViabilityService/pil4525.pdf
- **Post thrombotic syndrome** –
PD5044
http://nww.sth.nhs.uk/STHcontDocs/STH_PIM/VascularServices/PIL1359.PDF
- **Varicose Veins** – PD4737
http://nww.sth.nhs.uk/STHcontDocs/STH_PIM/VascularServices/pil1355.pdf
- **Lymphoedema** – PD5223
http://nww.sth.nhs.uk/STHcontDocs/STH_PIM/VascularServices/pil1358.pdf

- **ABPI – Ankle Brachial Pressure Index**, widely used investigation to diagnose peripheral arterial disease.
- **Cellulitis** – Common and potentially serious bacterial infection of the skin. Symptoms include swelling, warmth, pain, blisters, erythema, pyrexia and fever.
- **CLI – Critical Limb Ischaemic** – chronic, inadequate tissue perfusion at rest, defined by rest pain, often worse at night time, with or without tissue loss.
- **DVT – Deep vein thrombosis (DVT)** the formation of a thrombus (blood clot) in a deep vein, usually the in the legs, which partially or completely obstructs blood flow (5). Symptoms include pain, swelling and tenderness in one leg, usually calf or thigh.
- **EVLV – Endo Venous Laser Treatment**; minimally invasive treatment for superficial varicose veins.
- **PAD – Peripheral Arterial Disease (PAD)** is the term used to describe a narrowing or occlusion of the peripheral arteries, affecting the blood supply in the lower limbs. (4)
- **Red Flag Symptoms** – Require immediate attention from the relevant specialist to reduce the risk of rapid deterioration or serious harm (6).
- **RAL – German Classification for compression hosiery**; Class 1 - 18-21mmHg, Class 2 - 23-32mmHg.
- **Venous insufficiency** – a condition that occurs when the venous walls or valves within the veins are not working effectively resulting in venous stasis.
- **Venous Intervention** – overarching term for treatments for the superficial venous system including sclerotherapy, EVLT, varicose vein surgery, Clarivein & VenaSeal.

Bibliography:

- (1) Vascular Society Great Britain & Ireland (2019) A best practice clinical care pathway for Peripheral Arterial Disease. https://www.vascularsociety.org.uk/_userfiles/pages/files/Document%20Library/PAD%20QIF%20March%202019%20v2.pdf
- (2) Gohel, M. et al (2019) Early versus deferred endovenous ablation of superficial venous reflux in patients with venous ulceration: the EVRA RCT. <https://pubmed.ncbi.nlm.nih.gov/31140402/>
- (3) National Institute for Health & Care Excellence (2014) Varicose Veins: Diagnosis and Management CG168 <https://www.nice.org.uk/guidance/cg168>
- (4) NICE Topics A-Z <https://cks.nice.org.uk/topics/peripheral-arterial-disease/>
- (5) National Wound Care Strategy Programme – Lower limb recommendations for clinical care <https://www.ahsnetwork.com/wp-content/uploads/2020/11/Lower-Limb-Recommendations-20Nov20.pdf>
- (6) NICE Topics A-Z <https://cks.nice.org.uk/topics/deep-vein-thrombosis/>

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