

Pathway for Lower Leg Wounds - Primary Care

1	Undertake a holistic assessment of the patient.
2	Undertake the Pathway for Wound Cleansing.
3	Undertake a holistic wound assessment.
4	If there are any clinical signs of local infection refer to the Pathway for Wound Infection.
5	Identify if there are any Red Flags and action accordingly.
6	Identify the Lower Leg Wound type using the Lower Leg Wound Guidance and manage as below:

RED FLAGS:	
Leg Ulcers with severe infection/ spreading/ sepsis with systemic signs eg. tachycardia, pyrexia, hypotension, or patient feeling unwell, or spreading cellulitis, crepitus or significant deterioration over a short period of time.	Ask the managing clinician to send an urgent Vascular Service referral via switchboard. If the Vascular Service are going to be more than 2 hours obtain a wound swab and arrange for antibiotics to be commenced. Dress with Acticoat flex 3 or 7, Kliniderm Super Absorbent dressing, Soffban/Formflex and K-lite bandages (as per the Pathway for application of Safe Soft Bandaging).
Acute or chronic limb threatening Ischemia	Practice Nurses - Refer urgently to the Emergency Surgical Assessment Centre (ESAC). District Nurses - Contact TVALS or GP to arrange 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.

Red Legs	Chronic oedema (Lymphoedema) OR Wet Leg / Lymphorrhoea	Cellulitis (Only if skin is broken)	Haematoma	Skin Tear	Leg Ulcer Venous or Mixed or Arterial
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Management

<p>All Tiers and District Nurses Apply:</p> <ul style="list-style-type: none"> Emollient to intact skin as per local policy. Atauman (or if infection is present replace with an antimicrobial dressing as per the formulary) to broken skin. Kliniderm Super Absorbent (if required). Altipress Liner 10mmHg or follow the Safe Soft Bandaging Pathway. 	<p>Tiers 1 and 2 Apply:</p> <ul style="list-style-type: none"> Emollient to intact skin as per local policy. Atauman (or if infection is present replace with an antimicrobial dressing as per the formulary) to broken skin. Kliniderm Super Absorbent (if required). Bandages as per the Pathway for Safe Soft Lower Leg Bandaging. <p>District Nurses/Tier 3</p> <ul style="list-style-type: none"> Follow the Lower Limb Assessment Pathway and commence the recommended compression. 	<p>Tiers 1 and 2 and District Nurses</p> <ul style="list-style-type: none"> Mark the affected area with skin marker. Arrange for antibiotics to be commenced. <p>Apply:</p> <ul style="list-style-type: none"> Emollient to intact skin as per local policy. An antimicrobial dressing as per the Wound Infection Pathway. Kliniderm Super Absorbent (if required). If the patient has compression continue with this therapy. Alternatively follow the Pathway for Safe Soft Lower Leg Bandaging or 2 layers of clinifast if patient unable to tolerate bandages. 	<p>Intact Haematoma or patients on anticoagulants or patients with an underlying medical conditions relating to bleeding:</p> <ul style="list-style-type: none"> Elevate limb and monitor. <p>District Nurses/Tier 3</p> <p>Broken Haematoma: Apply:</p> <ul style="list-style-type: none"> Flaminal Forte. Atauman (or if infection is present replace with an antimicrobial dressing as per the formulary). Kliniderm Super Absorbent (if required). Bandages as per the Pathway for Safe Soft Lower Leg Bandaging. <p>Evacuated Haematoma: Apply:</p> <ul style="list-style-type: none"> Biatain Silicone 3DFIT (or if infection is present apply an antimicrobial dressing as per the formulary and a Biatain Silicone 3DFIT) Foam (if required). Bandages as per the Pathway for Safe Soft Lower Leg Bandaging. 	<p>All Tiers and District Nurses</p> <ul style="list-style-type: none"> Follow Skin Tear Pathway - Lower Leg. 	<p>Follow the Pathway for Leg Ulceration</p>
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Referrals

<ul style="list-style-type: none"> If there is no improvement within 7 days refer to TVALS. If the skin becomes broken follow the Leg Ulcer Venous or Mixed section 	<ul style="list-style-type: none"> Refer all Lymphoedema to TVALS. If there is no improvement in the Wet Leg / Lymphorrhoea after 14 days refer to a Tier 3/ District Nurses service for a Lower Limb Assessment. 	<ul style="list-style-type: none"> If the patient has had 2 or more episodes of lower limb cellulitis within the last 6 months refer to TVALS (who will assess if a vascular referral is required). 	<ul style="list-style-type: none"> Refer to TVALS 	<ul style="list-style-type: none"> As per the Skin Tear Pathway - Lower Leg. 	<p>As per the Pathway for Leg Ulceration</p>
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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.