

Pathway for Lower Leg Wounds - Secondary Care

1	Undertake a holistic assessment of the patient.	RED FLAGS:	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).
2	Undertake the Pathway for Wound Cleansing.		
3	Undertake a holistic wound assessment.		
4	Identify if there are any Red Flags and action accordingly.		
5	Identify the Lower Leg Wound type using the Lower Leg Wound Guidance and manage as below:		
		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.	
		New acute or chronic limb threatening Ischemia	Ask the managing clinician to send an urgent Vascular referral via switchboard
		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.

Red Legs	Chronic oedema (Lymphoedema) and/or Wet Leg (Lymphorrhoea)	Cellulitis (Only if skin is broken)	Haematoma	Skin Tear	Leg Ulcer Venous or Mixed or Arterial
Management					
Apply: <ul style="list-style-type: none"> Emollient to intact skin as per local policy. Appropriate Atrauman (or if infection is present replace this with Acticoat Flex 3 or 7) dressing to broken skin. Kliniderm Super Absorbent (if required). Bandages as per the Pathway for Safe Soft Lower Leg Bandaging. 	<ul style="list-style-type: none"> Mark the affected area with a skin marker. Arrange for antibiotics to be commenced as per the Antimicrobial Formulary. Apply: <ul style="list-style-type: none"> Emollient to intact skin as per local policy. Appropriate dressing as per the Acticoat Flex 3 or 7. Kliniderm Super Absorbent (if required). Bandages as per the Pathway for Safe Soft Lower Leg Bandaging (or 2 layers of comfast/clinifast if patient unable to tolerate bandages). 	Intact Haematoma or patients on anticoagulants or patients with an underlying medical conditions relating to bleeding: <ul style="list-style-type: none"> Urgo Start Plus Contact/Pad. Kliniderm Super Absorbent (if required). Follow the Pathway for Safe Soft Lower Leg Bandaging. Broken Haematoma apply: <ul style="list-style-type: none"> Flaminal Forte. Atrauman (or if infection is present replace this with Acticoat Flex 3 or 7). Kliniderm Super Absorbent (if required). Bandages as per the Pathway for Safe Soft Lower Leg Bandaging. Evacuated Haematoma: <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). Bandages as per the Pathway for Safe Soft Lower Leg Bandaging. 	Follow the Skin Tear Pathway - Lower Leg	Follow the Pathway for Leg Ulceration - secondary Care	

Referrals					
If there is no improvement in 7 days refer to the Skin Integrity Team via questions and comments on the dashboard.	If the skin becomes broken report via the Skin Integrity Datix/ Dashboard.	• Report all wounds via the Skin Integrity Datix/Dashboard.			
		On discharge refer to the Tissue Viability and Lymphoedema Service (Discharge form B).	As per the Skin Tear Pathway - Lower Leg.	As per the Pathway for Leg Ulceration Secondary Care.	
NB: If the patient remains an inpatient for more than 28 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.					

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.