

Leg Ulcer Pathways

Definition: A Leg Ulcer is defined as skin loss that originates between the knee and malleolus (ankle) that has been present for more than 2 weeks

Red Flags	Emergency Actions Required
Leg ulcer with systemic/ severe infection with or without sepsis.	<p>Obtain a wound swab and arrange for antibiotics to be commenced. Dress with UrgoClean Ag, and a Super Absorbent pad if required and follow the Pathway for Safe Soft Lower Leg Bandaging.</p> <p>Secondary Care: Refer urgently to the Vascular Team via switch board.</p> <p>Practice Nurses: Transfer urgently to the Emergency Department OR Refer urgently to the Emergency Surgical Assessment Centre (ESAC).</p> <p>District Nurses: Transfer urgently to the Emergency Department OR Contact TVALS or GP to arrange admission to ESAC.</p>
Clinical evidence of acute limb ischaemia	<p>Obtain a wound swab and arrange for antibiotics to be commenced. Dress with Acticoat flex 3, and a Super Absorbent pad if required and follow the Pathway for Safe Soft Lower Leg Bandaging.</p> <p>Secondary Care: Refer urgently to the Vascular Team via switchboard.</p> <p>Practice Nurses: Transfer urgently to the Emergency Department OR Refer urgently to the Emergency Surgical Assessment Centre (ESAC).</p> <p>District Nurses: Transfer urgently to the Emergency Department OR Contact TVALS or GP to arrange admission to ESAC.</p>
Suspected acute deep vein thrombosis	<p>Secondary Care: Follow the Venous Thromboembolism (VTE) – Prevention and Treatment of VTE in Patients admitted to hospital.</p> <p>Practice/District Nurses: Refer urgently to the Ambulatory Care Unit.</p>
Suspected Skin Cancer	Refer to the Dermatology Department as per the 2 week wait protocol, either via the GP or dbth.dermatologyteam@nhs.net
Bleeding varicose veins	Transfer to the Emergency Department

Assess for any Red Flags

Assess for any Amber Flags

Preparation, wound assessment and limb shape

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) OR A non-healing wound of more than 2 weeks duration and / or gangrene on the foot.	Complete a Vascular referral form for PAD 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 of these: Ulceration that Static or deteriorating despite optimum compression therapy Or Acute venous bleeding from the leg requiring first aid treatment.	Complete a Vascular referral form for Venous Insufficiency Send to: dbth.vascular-admin@nhs.net

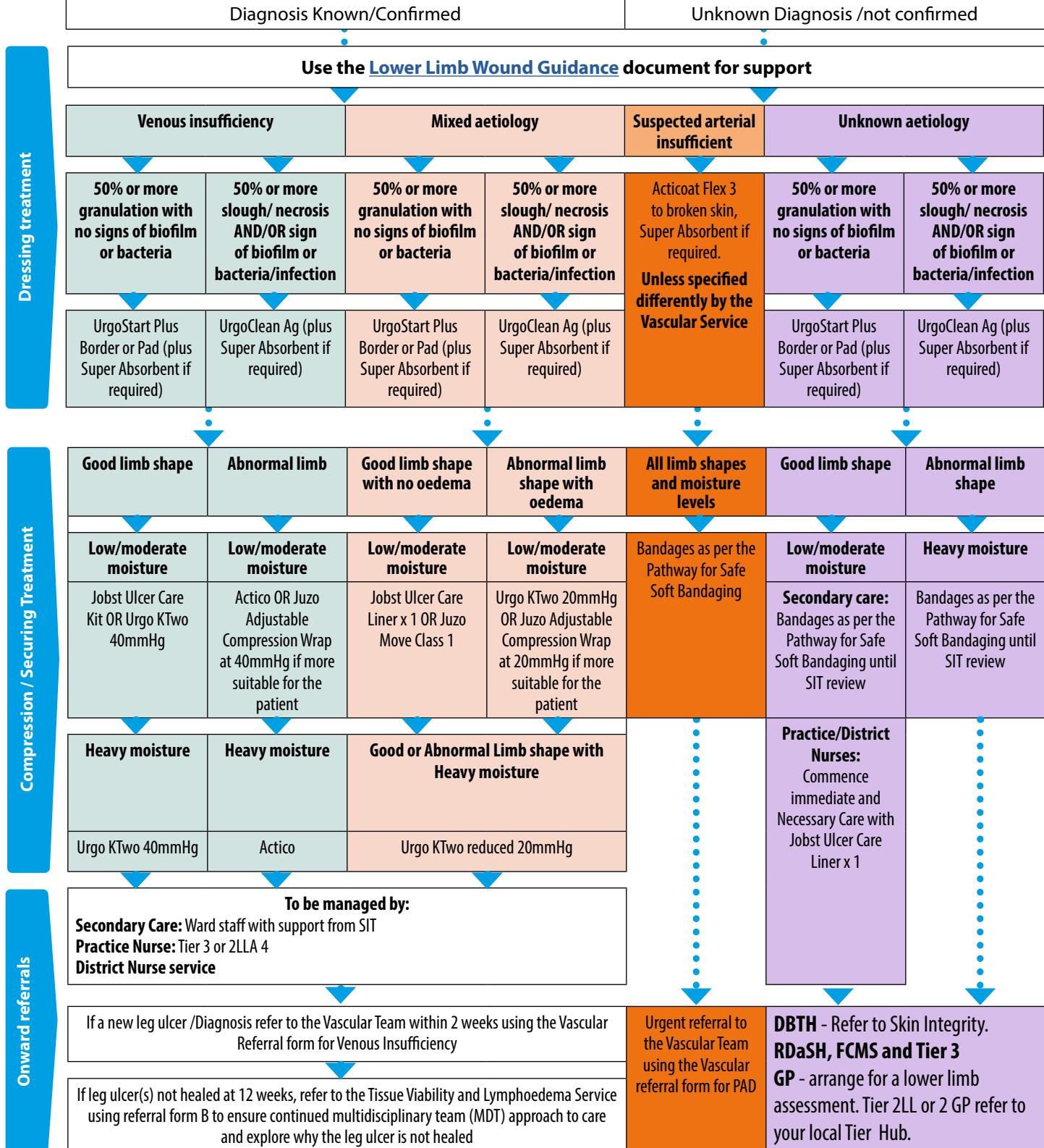


Undertake wound bed preparation. Follow the [Wound Bed Preparation Pathway](#) to cleanse and mechanically debride the wound bed

Undertake a wound assessment using T.I.M.E.S (including clinical photography where applicable) and document accordingly and identify the most appropriate limb shape as below:

Good limb shape Mild/moderate oedema 	Abnormal limb shape Moderate oedema 	Abnormal limb shape Severe oedema 	Abnormal limb shape Severe oedema with skin folds
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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.

NB: Practice/District Nurses: Provide seal-tight waterproof dressing protector and if required a compression stocking application aid appliance.
Both are available on FP10.