Lower Limb Wound Pathway

- Undertake holistic assessment within 2 weeks including:
  - Wound assessment form
  - Lower limb assessment form including doppler
  - Photograph & mapping
  - Wound healing pathway and risk assessment tool

- Start wound management plan and introduce compression if arterial disease excluded

- Wound remains unhealed at 4 weeks

- **DIAGNOSE AS A LEG ULCER**
  Complete Leg Ulcer Assessment Form & Doppler if not already done so, and allocate to the appropriate pathway

- **NB an ABPI should never be used in isolation and should always be supported by holistic assessment and Lower Limb Assessment**

- **ABPI 0.8 – 1.3**
  VENOUS LEG ULCER PATHWAY

- **ABPI 0.6 to 0.8**
  MIXED AETIOLOGY PATHWAY

- **ABPI <0.6 OR >1.3**
  ARTERIAL/PALLIATIVE ULCER PATHWAY

- **Swelling present for more than 3 months?**
  CHRONIC OEDema PATHWAY

- **UNCERTAIN AETIOLOGY**
  Refer to tissue viability
**Lower Limb Wound Pathway guidance**

<table>
<thead>
<tr>
<th>No</th>
<th>Action to be taken</th>
<th>By whom</th>
<th>Documents to support action required, available from:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Wound on foot below the ankle/malleolus – refer to Podiatry</td>
<td>Trained Nurse/practitioner</td>
<td>Podiatry referral form</td>
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</tbody>
</table>
| 2  | Wound on the lower leg, ankle to knee, present < 4 weeks - carry out a full holistic assessment, including:  
• Wound assessment form  
• Lower limb assessment form & doppler  
• Wound photograph and mapping  
• Wound healing pathway and risk assessment tool  
This should be done within 2 weeks of patient presenting | Trained Nurse/practitioner | Wound assessment tool  
Lower limb assessment tool  
Doppler procedure and interpretation Guidance  
Doppler recording form  
Calculating wound surface area guidance  
Wound healing pathway/ risk tool  
CHROSS Checker tool  
AMBL tool  
Wound Assessment & Management Clinical Standard |
| 3  | Start wound management plan and introduce compression if arterial disease is excluded.  
ABPI should never be used in isolation to establish aetiology and should always be supported by holistic assessment and lower limb assessment | Trained Nurse/Practitioner trained in leg ulcer management and Doppler assessment.  
If uncertain of aetiology - contact Tissue Viability for advice | Guide to compression selection- In progress  
Hosiery Formulary & Booklet  
Wound formulary |
| 4  | If wound remains unhealed after 4 weeks diagnose as a leg ulcer:  
• Add to PSAG board & caseload review spreadsheet  
• Complete leg ulcer assessment form including Doppler to establish aetiology.  
• Allocate to appropriate pathway  
ABPI should never be used in isolation to establish aetiology and should always be supported by holistic assessment and lower limb assessment. | Trained Nurse/Practitioner trained in leg ulcer management and Doppler assessment. | Leg Ulcer Clinical Standard- In progress  
Leg ulcer assessment form  
Lower limb assessment form  
Doppler procedure and interpretation Guidance  
Doppler recording form  
GP medical summary  
Nursing Assessment  
Tissue viability referral form  
PSAG Board  
Venous leg ulcer pathway PSAG SOP  
Allocating a patient to a venous leg ulcer pathway guidance  
Venous Leg ulcer treatment pathway (Standard)  
Venous Leg ulcer pathway (Complex)  
Tissue viability email advice service tissueviability@oxfordhealth.nhs.uk or oxfordhealth.tissueviability@nhs.net or Tissue Viability referral form |
| 5  | If patients have underlying co- morbidities the management of these needs to be optimised in order to fulfil healing potential.  
Consider the need for bloods: FBC, U&E, CRP, HbA1C  
Pain – An importance needs to be placed on managing pain (Cause of pain and type of pain needs identifying in order to optimise management) | Patients GP  
Trained nurse/ practitioner | Wound healing pathway/ risk tool  
GP medical summary  
Pain assessment tool  
Pain assessment & Management Information sheet  
Analgesia ladder for managing leg ulcer pain – under review |
| 6  | If patient has an ulcer with an uncertain aetiology refer to tissue viability. | Trained nurse/ practitioner | Tissue viability email advice service tissueviability@oxfordhealth.nhs.uk or oxfordhealth.tissueviability@nhs.net or Tissue Viability referral form |
| 7  | Conditions such as suspected malignancy, pyoderma gangrenosum or patient has a difficult to manage skin condition/ needs patch testing – Refer to dermatology (Leg ulcer clinic). | GP to make the referral to leg ulcer clinic |