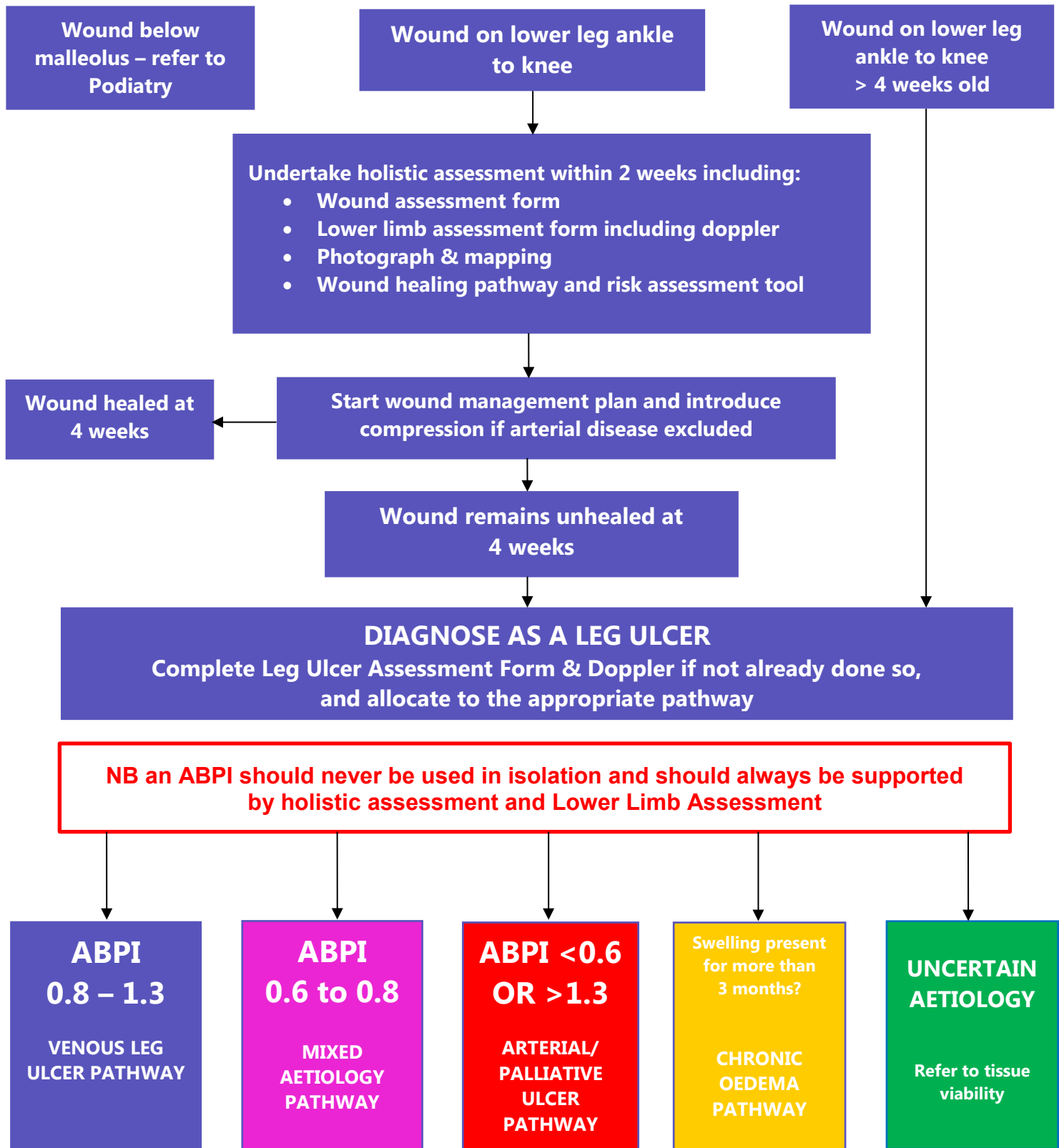


Lower Limb Wound Pathway



Lower Limb Wound Pathway guidance

No	Action to be taken	By whom	Documents to support action required, available from: www.oxfordhealth.nhs.uk/tissue-viability
1	Wound on foot below the ankle/malleolus– refer to Podiatry	Trained Nurse/ practitioner	Podiatry referral form
2	Wound on the lower leg, ankle to knee, present < 4 weeks - carry out a full holistic assessment, including: <ul style="list-style-type: none"> 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 <i>Wound Assessment & Management Clinical Standard</i>
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	<i>Guide to compression selection- In progress</i> Hosiery Formulary & Booklet Wound formulary
4	If wound remains unhealed after 4 weeks diagnose as a leg ulcer: <ul style="list-style-type: none"> 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. If patient has an ulcer with an uncertain aetiology refer to tissue viability.	Trained Nurse/ Practitioner trained in leg ulcer management and Doppler assessment. Trained nurse/ practitioner	<i>Leg Ulcer Clinical Standard- In progress</i> 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	