**Venous Leg Ulcer Pathway 1 (Standard)**

**24 week healing target**

**(Please refer to the guidance on the reverse of this pathway algorithm)**

**Initial leg ulcer**

**Assessment**

**Diagnosis of venous ulceration (Refer to guidance on diagnosing aetiology)**

**Ulcer present for less than 3 months**

**Local wound infection**

**(Refer to AMBL tool for guidance)**

**Free from devitalised tissue and infection**

**Wound sloughy but not locally infected**

**Treat with \*topical antimicrobial as per formulary, absorbent pad and appropriate compression for 2 weeks. Seek advice from Tissue Viability if wound still appears infected after 2 weeks**

**\*Refer to wound formulary for advice on these products**

**Treat with**

**Urgoclean, absorbent pad and appropriate compression until wound bed clean. If debridement not achieved within 2 weeks then seek advice from Tissue Viability**

**Wound bed is healthy - treat with Atrauman, absorbent pad\* & appropriate HIGH compression\***

**\*Refer to wound care formulary for guidance**

**Re assess every 6 weeks**

**Map and measure wound surface area in cm²**

**Not following**

**expected healing progression (<26% reduction in surface area of wound in 6 weeks)**

**N.B. If there are clinical reasons for not achieving 26% (i.e. Infection) rectify problem and continue on standard pathway, if not…**

**Following expected**

**healing progression (Has achieved at least a 26% reduction in wound surface area)**

**Continue on VLU Standard Pathway, assessing every 6 weeks**

**Move to VLU Pathway 2**

**(Complex)**

**Refer to tissue viability if support required at this point**

**Healed**

**Commence patient on healed leg care plan**

Guidance for **Standard** venous leg ulcer pathway (See criteria for pathway allocation)

***All of the supporting documentation can be accessed/ downloaded from the tissue viability internet site***

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| **No** | **Action to be taken** | **Documents/Guidance/ tools to support action** | |
| **1** | Venous aetiology should be established by carrying out a full leg ulcer assessment which should include a Doppler assessment. **Make sure you have traced the ulcer/s and worked out surface area in cm²**  Document assessment findings in patients notes  ***\*Allocate to this pathway if the patients ulcer is less than 3 months old,*** | * Leg ulcer guidelines * Leg ulcer assessment form * Wound progression chart * Guide to measuring wound surface area * Lower limb assessment form * Doppler assessment form * Wound healing pathway/ risk tool | |
| **2** | Doppler assessment - Ensure ABPI is between 0.8 – 1.3 before implementing pathway ***NB Consider falsely elevated readings in elderly pts, particularly with diabetes & renal disease.*** | * Guide to carrying out a Doppler * Guide to interpreting ABPI | |
| **3** | Allocate patient to the VLU section of PSAG (Pt Status at a Glance) board and add to purple section of case load review tool. | * SOP advice sheet - PSAG | |
| **4** | Assess wound bed for signs of local wound bed infection | * Guidance for the assessment & management of bacterial loading in wounds * AMBL tool for assessing for local infection | |
| **5** | If wound bed is colonised/ sloughy the primary dressing should be **Urgoclean.** This product has hydro-desloughing fibres that trap sloughy residues. It provides an non adherent / atraumatic contact layer. **Use for up to 2 weeks only. If wound is not desloughing, contact tissue viability for advice.** | * Urgoclean product guide * Good prescribing guidelines | |
| **6** | If wound bed is locally infected commence 2 weeks course of a topical antimicrobial treatment.  1st line – Honey  2nd line – Cadexomer iodine  These products need prescribing (Not available from ONPOS). Only prescribe the number of dressings required for a 2 week course.  ***Document start and stop dates of treatment in patient’s notes.*** | * Antimicrobial formulary * Antimicrobial formulary summary sheet * Info sheet – Patients guide to Honey * Product Info sheets – Dressings (To include PIP codes for prescribing) * Good prescribing guidance. | |
| **7** | If wound is free from slough and/ or local infection commence Atrauman or Tricotex as your primary contact layer | * Wound care formulary | |
| **8** | Choose an absorbent pad as a secondary dressing based on the level of exudate present in the wound. First line considerations should be Zetuvit E or Zetuvit Plus (the latter being more absorbent) | * Wound care formulary |
| **9** | Select the compression bandage system to be used based on your patients level of mobility and/ or preferred system. | * Guide to compression bandage selection * Product guide – K Two * Product guide - Actico |
| **10** | **6 week re- assessments – Aim for 40% wound reduction.**  Every 6 weeks trace/ map wound and work out surface area in cm². Work out % reduction over past 6 weeks. **If the wound has not reduced by 26% then move patient to the complex leg ulcer pathway and refer patient to tissue viability**  **If there are obvious clinical/ patient related reasons for reduced progress (i.e. wound infection, acute illness, concordance), then try and rectify and continue on standard pathway.**  **If ulcer heals between assessments, add date of healing to the case load review tool .** | * Guide to working out surface area of wounds * Tissue viability referral form * Complex leg ulcer pathway algorithm * PSAG Standard operating procedure. |