

# Timeline of Leg Ulcer Management<sup>6</sup>

## Immediate care

- Assess & identify risk factors by undertaking a full holistic assessment<sup>8</sup>
  - Wound bed preparation and debridement follow TIMES framework<sup>5,8</sup>
  - Limb skin cleansing and emollient if needed
  - Simple low adherent dressing with sufficient absorbency
  - Assess for red flags and complete referral process if required
  - No red flags - apply first line mild graduated compression up to 20mmHg
  - Plan for full vascular assessment within 14 days
- The previous steps should be taken at **every dressing change** in addition to:
- Wound bed preparation techniques, skin cleansing and emollient application
  - Review effectiveness of treatment plan and escalate concerns if needed
  - Follow TIMES assessment process to guide treatment choices
  - Give advice to patients on signs of red flags and discuss care planning interventions

## Full lower limb and Vascular Assessment - Full holistic assessment

Within 14 days of leg ulcer presentation a full vascular assessment including ABPI / toe brachial pressure index (TBPI) Doppler should be completed by a competent clinician. Always follow best practice guideline<sup>8</sup>

### No Aetiology other than venous insufficiency

- Offer patients a referral for further venous investigations
- Compression therapy should be prescribed in a prescription of 40mmHg
  - » Assess for suitability of hosiery kits as 1st line management.
  - » Patients with chronic oedema not reduced by elevation; abnormal limb shape; copious exudate or very fragile skin, should be offered strong multi component compression bandaging (If these symptoms do not improve, escalate for expert diagnosis and advice about lymphoedema).

### Signs of arterial disease

- Refer to vascular specialist services for advice and support on suitability of compression therapy
- Follow NICE Guidelines for Peripheral arterial disease
  - » **Pending Vascular opinion:** Continue wound management following TIMES framework<sup>5,8</sup>

### Other or uncertain aetiology

- Refer to a clinical specialist such as Tissue Viability Nurse or dermatologist
  - » **Pending Specialist outcome:** Continue with wound management following TIMES framework<sup>5,8</sup> and mild graduated compression providing no signs of arterial insufficiency

## Wound presentation

## Within 14 days of initial presentation

## 12 weeks - no signs of healing or deterioration

## 4 weekly on-going care management

### At 12 weeks and beyond

- Patients with wounds that show no significant progress (from a healthcare professional perspective<sup>\*)</sup> towards healing or are deteriorating should be escalated to the local specialist service for advice.
- Following a full holistic assessment consider the wider multi-disciplinary professional support
- When wounds are progressing to healing but remain unhealed, a comprehensive re-assessment should be done

### Prevention of recurrence following wound healing

- Advice should be offered on skin care, footwear, exercise and mobility, rest and limb elevation, nutrition and self-care and if appropriate smoking cessation and weight loss
- Promotion of patient empowerment and involvement should be applied in line with the NHS Long Term Plan<sup>8</sup>
- Pain management if required<sup>\*</sup>
- Compression hosiery or wrap systems should be prescribed for maintaining venous function in the absence of arterial insufficiency. Patient should be reviewed 3,6 or 12 monthly depending on need and risk of reoccurrence<sup>26</sup>.
- Assess for suitability of referral for further venous investigation and surgical intervention for prevention of recurrence as per NICE guidance<sup>26</sup>



### Red Flags

- Acute infection (e.g. redness, swelling, pain, pus, heat)
- Symptoms of sepsis
- Acute or chronic limb ischaemia
- Suspected deep vein thrombosis
- Suspected skin cancer

### ACTIONS

- Treat suspected infection in line with NICE antimicrobial guidelines
- Immediately escalate to relevant clinical specialist

### Reassessment every 4 weeks at least or more frequently if concerned

- Fully reassess the lower limb- assess for condition on skin, any pain or discomfort and assess for reduction in wound size and document this using wound imaging
- Measure to assess for reduction in limb swelling
- Use TIMES for wound bed reassessment<sup>5,8</sup> as at weekly intervals the treatment plan should be reviewed
- If no significant progress towards healing or are deteriorating should be escalated to the local specialist service for advice.

## Throughout treatment, where appropriate patient should be assessed for suitability in self care management