



Lower Limb - recommendations for care

For further information, please refer to the full NWCSP Lower Limb Recommendations at NationalWoundCareStrategy.net

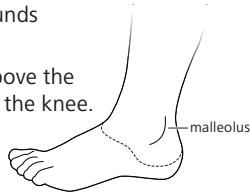


Immediate and Necessary Care

For people with one or more wounds below the knee.

Leg wound - originating on or above the malleolus (ankle bone) but below the knee.

Foot wound - originating below the malleolus.



RED FLAGS

- Acute infection of leg or foot (e.g. increasing unilateral redness, swelling, pain, pus, heat).
 - Symptoms of sepsis.
 - Acute or chronic limb threatening ischaemia.
 - Suspected deep vein thrombosis (DVT).
 - Suspected skin cancer.
- Treat infection.
 - Immediately escalate.
 - For people in the last few weeks of life, seek input from their other clinicians.

Immediate care

- Cleaning and emollient.
- Simple low-adherent dressing.
- Leg wounds, first line mild graduated compression.
- Supported self-care (when appropriate).

Assessment times for diagnosis and treatment

- In hospital with diabetic foot wound - refer to MDT **within 24 hours**.
- Any other type of foot wound - refer to MDT **within 1 working day**.
- Leg wounds - **assess within 14 days**.

Wounds on the Foot

One or more wounds below the malleolus

Diagnosis and treatment

1 Assess and identify contributing causes for non-healing

2. Diagnose cause of non-healing and formulate treatment plan

People with confirmed or suspected diabetic foot ulceration

- Refer to diabetic foot team.
- Provide care in line the [NICE Guideline for Diabetic Foot Problems](#).

People with confirmed or suspected peripheral arterial disease

- Refer for vascular surgical opinion.
- Provide care in line the [NICE Guideline for Peripheral Arterial Disease](#).

Ongoing care and review

Review at each dressing change and at weekly intervals

- Monitor healing at **4-week intervals** (or more frequently if concerned).
- If unhealed at **12 weeks**, reassess.

Wounds on the Leg

One or more wounds above the malleolus

Diagnosis and treatment

1 Assess and identify contributing causes for non-healing

2. Diagnose cause of non-healing and formulate treatment plan

Leg wounds with an adequate arterial supply and no aetiology other than venous insufficiency

- Refer for venous surgical/endovenous interventions.
- Strong compression therapy.

Leg wounds with signs of arterial disease

- Refer for vascular surgical/endovenous interventions and advice on compression.
- Pending vascular opinion, if no symptoms of arterial insufficiency, continue with mild graduated compression.

Leg wounds of other or uncertain aetiology

- Refer for dermatology opinion (or other specialist depending on symptoms and service arrangements).
 - Pending specialist opinion if no symptoms of arterial insufficiency, continue with mild graduated compression.

Lymphoedema

- Refer for expert diagnosis and advice about lymphoedema.

Ongoing care and review

Review at each dressing change and weekly intervals

Monitor healing at 4-week intervals (or more frequently if concerned)

- If deteriorating or no significant progress towards healing, escalate.

If unhealed at 12 weeks, reassess

- If progressing to healing but still unhealed, undertake comprehensive re-assessment.
- If deteriorating or no significant progress towards healing, escalate.

Following healing

Venous Leg Ulceration

- Compression hosiery.
- 6-monthly review for replacement of compression garments and ongoing advice.
- If changes in lower limb symptoms or skin problems relating to hosiery, undertake comprehensive re-assessment.