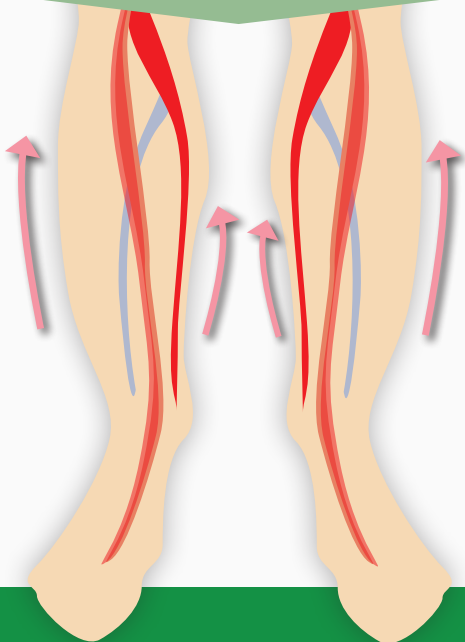


QUICK GUIDE



**IMMEDIATE AND NECESSARY
CARE FOR LOWER LIMB WOUNDS**

WOUNDS | UK

IMMEDIATE AND NECESSARY CARE

Leg ulcers are ulcers on the lower leg (originating on or above the malleolus and below the knee) that have not healed within two weeks¹. The presence of a lower limb wound should trigger immediate and necessary care — i.e. the patient should be screened for any red flag symptoms that require an immediate response and indicate that mild compression should not be applied.

If no red flags are present and the wound is on the lower limb (not the foot), immediate care should commence within 24 hours of the patient presenting with a wound. The clinician delivering immediate care should:

- Clean the wound and surrounding skin and apply emollient as required
- Record image(s) of wound using digital imaging
- Apply a simple low-adherent dressing with sufficient absorbency
- Discuss with the patient reasons for compression
- Apply ≤ 20 mmHg of compression to the lower limb (e.g. Activa British Standard Class 1 hosiery).

If any of the red flags are identified (see back page), the clinician should treat the infection and immediately escalate to the relevant specialist. Input from other clinicians is required for people in the last few weeks of life.

EARLY INTERVENTION AND MANAGEMENT

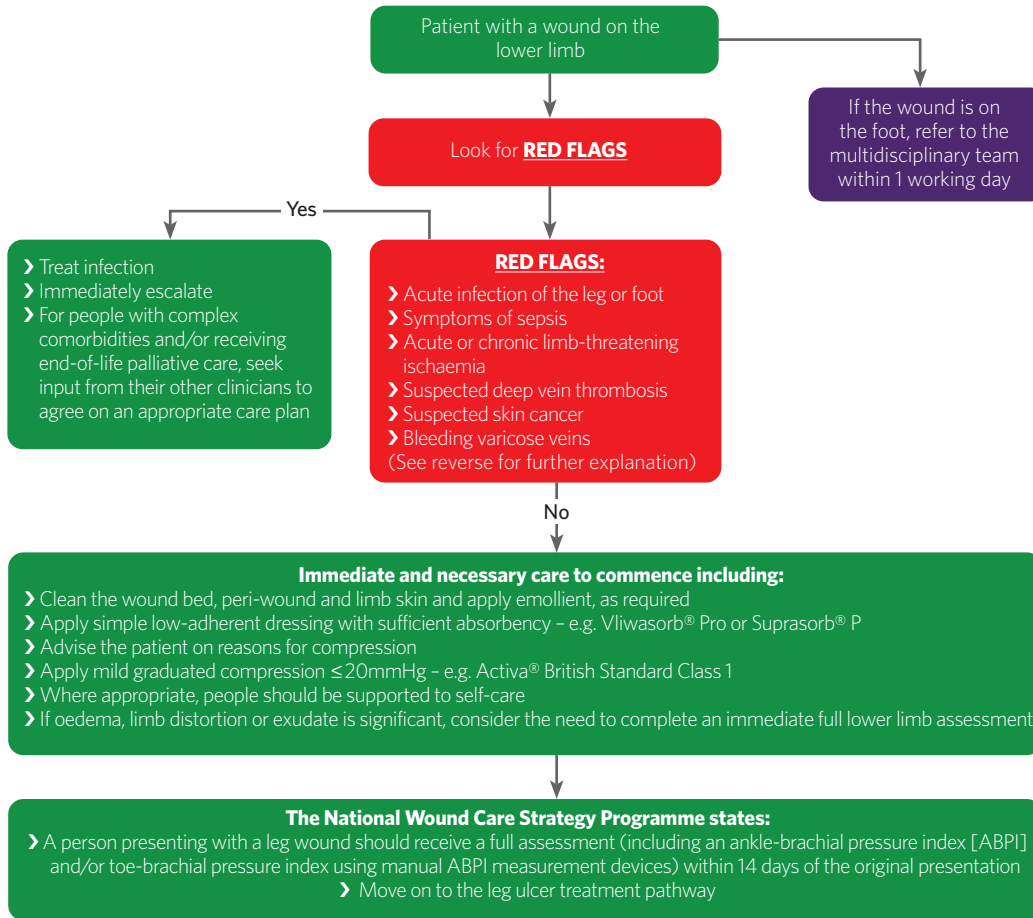
Immediate and necessary care can prevent leg wounds that are non-healing or at risk of non-healing from deteriorating.

Immediate access to Activa British Standard Class 1 hosiery supports immediate and necessary care through early intervention of non-healing wounds. The Early Intervention Pack (L&R Medical UK) provides quick and effective off-the-shelf access to mild compression (≤ 20 mmHg) when a full holistic assessment is not possible or delayed - which supports the recommendations of the National Wound Care Strategy Programme¹.



For more information visit www.lohmann-rauscher.co.uk or scan the QR code.

LOWER LIMB WOUND - IMMEDIATE AND NECESSARY CARE PATHWAY



REFLECT ^{AND} BE BOLD

If best practice is not being implemented for a person with a venous leg ulcer and this leads to delayed care, consider this as harm to the patient and raise this as a patient safety concern. If there is a failure to implement therapeutic intervention, escalate care and use the appropriate reporting procedures.

REFLECT ^{AND} BE BOLD

Mild compression of ≤20mmHg can be started if you determine that the patient has no red flags and timely referral is not encouraged.

REFLECT ^{AND} BE BOLD

While 14 days is the maximum timeframe for a holistic assessment, the ideal timeframe is within 24 hours once a wound has been identified¹. If targets are not being met, consider this a harm: document it and escalate the issue.

Scan the QR code to see Wounds UK (2022) Best Practice Statement: Holistic management of venous leg ulceration (second edition)².



THE IMPORTANCE OF IMMEDIATE COMPRESSION

Patients who present with venous ulceration should be considered for immediate compression therapy to reduce the risk of chronicity³.

The National Wound Care Strategy Programme¹ recommends the use of mild compression as a component of immediate care for wounds on the leg, provided that 'red flag' symptoms (see 'red flags' identified in the lower limb wound pathway) are excluded.

Achieving immediate mild compression (Up to ≤ 20 mmHg) safely can be achieved with:

- Activa British Standard Class 1 hosiery (14-17mmHg)
- Activa[®] liner pack (2 x 10mmHg liners)
- Liners (10mmHg) from the Activa and ActiLymph hosiery kits.

Product	Benefit
Activa British Standard Class 1 hosiery (14-17mmHg)	<ul style="list-style-type: none">➤ Easy to apply➤ Sizing compatible with current range➤ Number of styles and colours available.
Activa [®] 10mmHg liner pack	<ul style="list-style-type: none">➤ 10mmHg option is suitable for cases where very low levels of compression are required➤ Option to layer for increased compression where appropriate (2 x 10mmHg liners)➤ Very easy to apply➤ Sizing compatible with Activa range➤ Available in open and closed toe options and 3 colours.
Liners from the Activa and ActiLymph hosiery kits	<ul style="list-style-type: none">➤ Ideal cost-effective solution if the patient is expected to progress to wearing a hosiery kit following a full lower limb assessment and ABPI test➤ Option to layer for increased compression where appropriate (2 x 10mmHg liners)➤ Very easy to apply➤ Sizing compatible with current range➤ Prepares patient for ongoing use of hosiery kit➤ Hosiery kit options for patients with and without oedema.

References

1. National Wound Care Strategy Programme (2023) Recommendations for leg ulcers
2. Wounds UK (2022) Best Practice Statement: Holistic management of venous leg ulceration (second edition). Wounds UK
3. Wounds UK (2016) Best Practice Statement: Holistic management of venous leg ulceration. Wounds UK

RED FLAGS CHECKLIST¹

Acute infection

- Increasing unilateral redness
- Swelling
- Pain
- Pus or purulent exudate
- Heat
- Pyrexia and/or malaise.

Symptoms of sepsis*

- Acting confused, slurred speech or not making sense
- Blue, pale or blotchy skin, lips and/or tongue
- A rash that does not fade when you roll a glass over it
- Difficulty breathing, breathlessness or breathing very fast.

**the patient may not have all the symptoms listed*

Acute or chronic limb threatening ischaemia

Acute	Chronic
<ul style="list-style-type: none"><input type="checkbox"/> Pain<input type="checkbox"/> Pulseless<input type="checkbox"/> Pallor<input type="checkbox"/> Power loss or paralysis<input type="checkbox"/> Paraesthesia or reduced sensation or numbness<input type="checkbox"/> Perishing with cold.	<ul style="list-style-type: none"><input type="checkbox"/> Intermittent claudication<input type="checkbox"/> Chronic rest pain<input type="checkbox"/> Dependent rubor, pallor on elevation and reduced capillary refill<input type="checkbox"/> Skin changes including ischaemic ulcers, non-healing foot wounds and gangrene<input type="checkbox"/> Absent foot pulses.

Suspected acute deep vein thrombosis

- Localised tenderness along the distribution of the deep venous system
- Entire leg swollen
- Calf swelling at least 3cm larger than the asymptomatic leg
- Pitting oedema confined to the symptomatic leg
- Collateral superficial veins (non-varicose).

Suspected skin cancer

- Does not heal within 4 weeks
- Looks unusual
- Hurts, is itchy, bleeds, crusts or scabs for more than 4 weeks
- A change in a mole or freckle.

Bleeding varicose veins

- Weakening or thinning of varicose veins
- Localised/direct trauma or skin injury to varicose veins.