### 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 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.

### 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.

#### 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.

#### Lymphoedema
- Refer for expert diagnosis and advice about lymphoedema.