




Identification & Immediate and Necessary Care	Assessment, Diagnosis and Treatment	Ongoing Care of Leg Ulceration	Review of Healing	Care following Healing
<p><b>Immediately escalate to the relevant clinical specialist, those with the following 'red flag' symptoms/ conditions:</b></p> <ul style="list-style-type: none"> <li>Acute infection.</li> <li>Symptoms of sepsis.</li> <li>Acute or suspected chronic limb threatening ischaemia.</li> <li>Suspected acute deep vein thrombosis (DVT).</li> <li>Suspected skin cancer.</li> <li>Bleeding varicose veins.</li> </ul> <p></p> <p><b>Arrange for a comprehensive assessment to be undertaken within 14 days</b></p> <ul style="list-style-type: none"> <li>Treat any wound infection.</li> <li>Clean wound and surrounding skin and apply emollient.</li> <li>Record digital image(s).</li> <li>Apply a simple, low adherent dressing with sufficient absorbency.</li> <li>For those <b>without</b> red flag symptoms, offer mild graduated compression.</li> <li>Signpost to relevant, high-quality information.</li> </ul> <p><b>*For full guidance, see the NWCSP Leg Ulcer Recommendations.</b></p>	<p><b>Within 14 days</b>, assess and identify contributing causes for non-healing and formulate a treatment plan to address those causes.</p> <ul style="list-style-type: none"> <li>Optimise management of contributing disease.</li> <li>Treat any wound infection.</li> <li>Offer analgesia if required.</li> <li>Clean wound and surrounding skin and consider debridement, if required.</li> <li>If needed, treat skin conditions and apply emollient.</li> <li>Apply a simple, low adherent dressing with sufficient absorbency.</li> <li>Offer appropriate nutritional and lifestyle advice.</li> <li>Provide verbal and written advice about care.</li> </ul> <p><b>For suspected venous disease with an adequate arterial supply:</b></p> <ul style="list-style-type: none"> <li>Refer to vascular services for diagnosis and intervention.</li> <li>Apply strong compression therapy.</li> </ul> <p><b>For suspected venous disease and peripheral arterial disease ("mixed" disease or suspected peripheral arterial disease only:</b></p> <ul style="list-style-type: none"> <li>ABPI &lt; 0.5 Refer urgently to vascular services.</li> <li>ABPI &gt; 0.5 Refer to vascular services.</li> </ul> <p><b>For other or uncertain aetiologies:</b></p> <ul style="list-style-type: none"> <li>Refer to appropriate service.</li> <li>If ABPI &gt; 0.8 consider use of strong compression.</li> </ul> <p><b>For lymphoedema:</b></p> <p>Care should be delivered by a clinician with capabilities to manage lymphoedema.</p>	<p><b>At each dressing change:</b></p> <ul style="list-style-type: none"> <li>Review for red flags.</li> <li>Treat any wound infection.</li> <li>Offer analgesia if required.</li> <li>Clean wound and surrounding skin and consider debridement, if required.</li> <li>If needed, treat skin conditions and apply emollient.</li> <li>Apply a simple, low adherent dressing with sufficient absorbency.</li> <li>Offer appropriate nutritional and lifestyle advice.</li> <li>Provide verbal and written advice about care.</li> <li>Discuss and incorporate opportunities for supported self-management.</li> <li>If being treated with compression, review ankle circumference and adapt as appropriate.</li> </ul> <p>Review effectiveness of treatment plan and escalate if there is deterioration.</p>	<p><b>At 4-weekly intervals (or more frequently, if concerned):</b></p> <p>Monitor healing by:</p> <ul style="list-style-type: none"> <li>Completing ulcer assessment.</li> <li>Recording digital image(s) and comparing with previous images.</li> <li>Measuring ankle circumference for reduction in limb swelling.</li> </ul> <p>Review effectiveness of treatment plan and escalate if deteriorating or no progress towards healing.</p> <p><b>At 12 weeks:</b></p> <p>Monitor healing by:</p> <ul style="list-style-type: none"> <li>Completing comprehensive reassessment.</li> <li>Recording a digital image and comparing with previous images.</li> <li>Measuring ankle circumference for reduction in limb swelling.</li> </ul> <p>Leg ulcers that remain unhealed should be escalated for advice in line with local care pathways.</p>	<p><b>Following healing:</b></p> <ul style="list-style-type: none"> <li>Offer advice on how to reduce the risk of re-ulceration.</li> <li>Provide contact details should any future issues arise.</li> </ul> <p>For healed <b>venous leg ulcers</b> with an adequate arterial supply:</p> <ul style="list-style-type: none"> <li>If venous hypertension has been resolved through venous interventions, compression therapy may no longer be required.</li> <li>If there is ongoing venous hypertension, encourage ongoing compression therapy and review 6 monthly.</li> </ul> <p><b>For healed ulcers with venous disease and peripheral arterial disease:</b></p> <ul style="list-style-type: none"> <li>If the level of peripheral arterial disease permits, encourage the use of an appropriate level of compression therapy and review 6 monthly.</li> </ul> <p><b>For healed leg ulcers with peripheral arterial disease:</b></p> <ul style="list-style-type: none"> <li>No further clinical care required but advise to seek immediate clinical advice if there is recurrence of symptoms or ulceration.</li> </ul> <p><b>For healed leg ulcers of other or uncertain aetiology:</b></p> <ul style="list-style-type: none"> <li>No further clinical care required but advise to seek immediate clinical advice if there is recurrence of symptoms or ulceration.</li> </ul>