



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