Leg Ulcer Pathway

Consider causes other than venous disease and refer to appropriate specialist;-
- Malignancy
- Pressure
- Diabetes
- Arterial

1st appointment 1 hr minimum
'Doppler Assessment lower limb' including
- Past medical history, allergies and medication, ulcer history
- Lower limb assessment
- Pain Management

(following NICE guidelines)

If unable to Doppler on 1st appointment & no risk factors for arterial insufficiency are identified, apply JOBST ULCERCARE inner liner with caution

Perform Doppler ABPI

ABPI= <0.5
Urgent vascular referral

ABPI= 0.5 -0.8
Mixed disease
REDUCED COMPRESSION

ABPI = 0.8-1.3
Venous disease evident. No evidence of significant arterial disease

ABPI = >1.3
Consider reduced compression with caution
Refer to specialist nurse if concerned

APPLY REDUCED COMPRESSION WITH CAUTION

SAFE TO COMPRESS with 40mmHg

Exudate
Is the dressing choice appropriate for exudate amount?

Bandage and hosiery options

REDUCED COMPRESSION

Bandage (if limb distorted)
3 layer with 3rd layer in spiral

Hosiery
Apply JOBST inner liner
To enable self management

FULL COMPRESSION 40MMHG

Hosiery
Apply JOBST ulcercare hosiery kit
To enable self **management**

Bandage (if limb distorted)
Apply inelastic compression bandage

Reassess at each appointment
(use hosiery as first line where possible)

Wound continues to improve

Wound static/deteriorating at 12 weeks

- ✓ Re Doppler
- ✓ Treat possible Infection
- ✓ Manage Non concordance
- ✓ Request Vascular referral

Continue appropriate level of compression until healing has been achieved.
NB Doppler every 6 months

Once healed measure for appropriate hosiery, considering skin conditions, lifestyle and patient choice. Re assessment depending on level of risk.

Reoccurance - If compliant with prevention treatment, request vascular referral

Emily Scott Walker & Beverley Morris 2019