### **Lower Limb Wound Protocol**

This protocol should be read alongside the Consent to Examination or Treatment Procedure and the Tissue Viability Policy. Has the patient got a wound to their lower limb? Yes Continue with current wound care plan (guidance can be found within TEWV Has the patient had the wound for over 2 weeks? dressings formulary). Yes Refer to Medic or Physical Healthcare Practitioner for assessment and referral Have 'red flags' been excluded? for appropriate investigation/treatments See below chart (please note this is not an exhaustive list of 'red No if required (note this may involve urgent flag' symptoms and clinical judgement is always required). transfer to Acute Trust). Yes A leg ulcer originates above the dotted line Is the wound below the ankle bone? Yes A foot ulcer originates below



Staff must acknowledge the patient's personal preferences and wishes. Wherever possible these preferences need to be considered to promote collaborative decision making, privacy and dignity, and, to prevent iatrogenic harm. Patient consent must be gained prior to assessment and/or implementation of care, considering capacity assessments where appropriate.

Podiatry referral required (contact details below) Please note a person with diabetes needs a referral as soon as wound develops, not after 2 weeks.

- Refer to TEWV Tissue Viability Service complete appropriate referral form and email to tewv.tissueviability@nhs.net. Patient will receive lower limb assessment within 14 days of referral.
- Note this is for inpatients only. A person accessing our community services will need a referral to the appropriate community clinician e.g. District Nurse or Practice Nurse.
- Apply a simple dressing appropriate to tissue type and exudate levels (guidance can be found within TEWV dressings formulary).

## **Red Flags**

### **Acute infection:**

- Unilateral leg redness that is well demarcated
- Pyrexia
- Heat
- **Suspected Acute DVT:**
- Unilateral lower limb/calf pain
- Unilateral lower limb/calf swelling
- Unilateral lower limb/calf redness
- Recent immobility

### Acute or chronic limb threatening ischaemia:

- New, constant pain
- Pulseless
- Skin pallor or cyanosed
- Reduced sensation or numbness
- Cold
- Sudden onset



## **Suspected skin cancer:**

- Overgranulation that is unresponsive to treatment
- Raised/rolled wound edges
- Irregular/nodular appearance

### Symptoms of sepsis:

- Altered behaviour or mental state
- Raised respiratory rate
- Low blood pressure

- Reduced urine output
- Raised heart rate
- Raised or low temperature

Title: Lower Limb Wound Protocol

the dotted line

Pain

Oedema

Possible skin blistering

Protocol number: CLIN-0094-004-v2 (n.b. a more accessible version is available on request)

Date approved: 02 April 2025 Date review due: 02 April 2028

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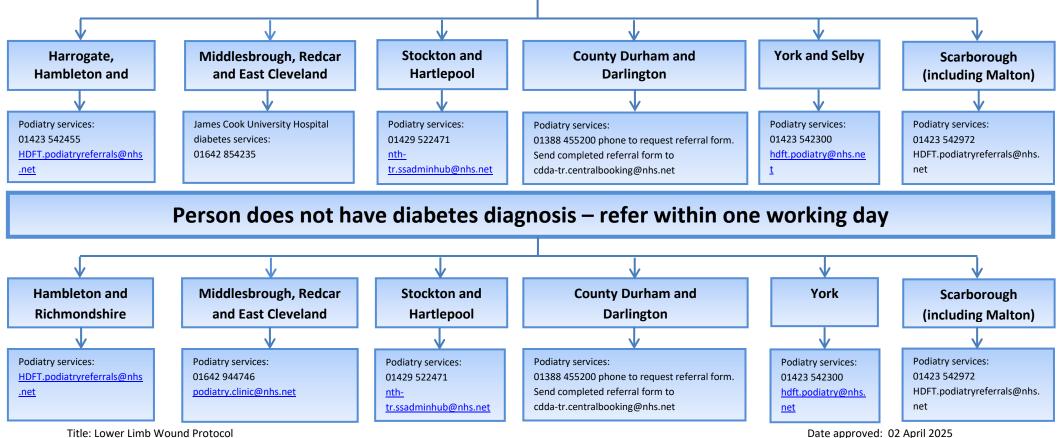
# As per above flow chart, all people with a wound below the ankle require a referral to podiatry.

For inpatients contact locality based on ward location.

For discharge planning/community patients contact locality based on discharge destination/home address.

For any lower limb wounds above the ankle see above flow chart.

# Person has diabetes diagnosis - urgent same day referral required stating 'active diabetic foot wound'



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