

Lower Limb Care Pathway

For people with lower limb oedema / lymphoedema, lymphorrhoea or ulceration including those with known or suspected heart failure



Guidance 1 DO NOT APPLY COMPRESSION

- Treat infection
- If symptoms of sepsis, immediately escalate
- If patient has limb threatening ischaemia refer urgently to vascular service
- If the patient has diabetes and the wound is on the foot refer urgently to OCDEM
- Any other urgent concerns discuss with GP urgently
- Refer to Tissue Viability
- Prior to referral, consider if patient is in the last few days of life

Guidance 2 DO NOT APPLY COMPRESSION Escalate to appropriate practitioner

If leg is weeping use wadding and retention bandage until results available, ensure regular leg elevation and ensure sleeping in bed at night.

Consideration:
If no previous diagnosis of heart failure, but it is suspected*, Refer to GP to request a NT pro BNP blood test (gold top) to rule out heart failure THEN refer to Tissue Viability, & if HFrEF, the Heart Failure Nurses for ongoing management advice
Please refer to supporting Lower Limb Care Guidance booklet

Guidance 3 Consideration: 20mmHg compression options:

- Hosiery liners
- Reduced compression bandage system
- Wraps (under TV guidance)! Many wraps provide full not reduced compression, please seek TV advice before commencing this.

Guidance 5

Staged Approach to Compression Therapy starting with 20mmHg

- Continue with 20mmHg on both legs for 14 days
- Reassess red flags for acute decompensated heart failure assessment
- If no new signs of acute heart failure present, apply 40mmHg to one leg, below knee
- Reassess red flags for acute decompensated heart failure after 7 days
- If no new signs of acute decompensated heart failure apply 40mmHg to second leg, below knee
- Once below knee compression successfully implemented, apply high compression if required, following the same staged approach
- Implement an ongoing red flag assessment care plan for patient

ABPI assessment for those with lymphoedema is not essential in the absence of significant cardiovascular risk factors and clinical signs or symptoms of PAD provided the vascular status has been thoroughly assessed.

Please refer to supporting Lower Limb Care Guidance booklet

Guidance 4 DO NOT USE ADHESIVE DRESSINGS ON LEGS EXCEPT FOR SILICONE BORDERED DRESSINGS!

DO NOT DEBRIDE A SUSPECTED ARTERIAL WOUND WITHOUT TV ADVICE



National Wound Care Strategy Programme: Lower Limb Recommendations



Best Practice Statement: The use of compression therapy for peripheral oedema: considerations in people with heart failure



BLS/LSN: Guidelines on the Management of Cellulitis in Lymphoedema



ABML2 Tool



Oxford Health Wound Care Formulary

References: National Wound Care Strategy Programme: (2023) Recommendations for Leg Ulcers. British Lymphology Society and Lymphoedema Support Network (2022) Guidelines on the Management of Cellulitis in Lymphoedema. South Central Antimicrobial Network (SCAN Guidelines). How to cite this document: Wounds UK (2023) Best Practice Statement: The use of compression therapy for peripheral oedema: considerations in people with heart failure. Wounds UK, London. Available to download from: www.wounds-uk.com.

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