

# Pre-Doppler Lower Limb Initial Treatment

(inc. Immediate and Necessary Care)

## First Lower Limb Assessment

### RED FLAG ASSESSMENT (see overleaf)

Immediately escalate to the relevant clinical specialist, those with the following 'RED FLAG' symptoms / conditions:

- Acute infection (e.g., increasing unilateral erythema, swelling, pain, pus, heat) [See Wound Infection/Biofilm Framework]
- Symptoms of sepsis [consider 999 or admission to A&E]
- Acute or suspected chronic limb threatening ischaemia (e.g., PAD / PVD in combination with rest pain, gangrene, or lower limb ulceration >2 weeks duration) [urgent referral to Vascular Hub]
- Suspected acute deep vein thrombosis (DVT) [refer to GP]
- Suspected skin cancer [urgent referral to dermatology services]
- Bleeding varicose veins [urgent referral to Vascular Hub]

No Red  
Flags

Once red flag has been identified and **appropriately addressed** i.e. treatment commenced and/or discussion with relevant MDT has taken place, **continue** onto pre-doppler care

### Consider other complex co-morbidities such as:

- Dermatology
- Vascular
- Pressure damage
- Arterial insufficiency
- Acute heart failure
- Malignancy
- Autoimmune disease
- Diabetes
- End of life

and refer to appropriate specialist if concerned.

## First Lower Limb Treatment

### Pre-doppler care should include:

- Wound and skin cleansing, debride as required
- Simple low adherent dressing with sufficient absorbency
- Apply  $\leq 20$ mmHg of compression to the lower limb
- No/low exudate AND normal limb shape: e.g. JOBST® UlcerCare liner
- Mod/high exudate OR abnormal limb shape: e.g. UrgoKTwo Reduced bandage system (if competent and confident)

Within 14 days

Either

### Perform holistic assessment:

- PMH
- Limb / vascular assessment
- ABPI ulcer history
- Wound assessment

Or

Complete referral to  
**COMPLEX LEG WOUND  
SERVICE (CLWS)**  
or  
**GLOUCESTERSHIRE LEG  
ULCER SERVICE (GLUS)**  
as per guidelines

After **4 weeks** of treatment, if there is no significant progress towards healing or the wound is deteriorating, the patient should be escalated to CLWS / GLUS for advice.

If the wound does not heal in **12 weeks** and shows no significant progress towards healing, the patient should be escalated to CLWS / GLUS for advice

# Pre-Doppler Lower Limb Initial Treatment

(inc. Immediate and Necessary Care)

## RED FLAG Checklist

### Acute infection of leg or foot

- Increasing unilateral redness
- Swelling
- Pain
- Pus or purulent exudate
- Heat
- Pyrexia and/or malaise

### Signs of SEPSIS

- Respiration rate: more than >25 per minute
- Oxygen saturation: SpO<sub>2</sub> < 92%
- Systolic blood pressure: < 90mmHg or drop > 40 from normal
- Pulse rate > 130 beats per minute
- Level of consciousness or new confusion
- Temperature: Pyrexia > 38°
- Non blanching rash, mottled / ashen / cyanotic
- Not passed urine in the last 18hrs
- Response only voice or pain / unresponsive

### Acute or chronic limb threatening ischaemia

#### Acute

- Pain
- Pulseless
- Pallor
- Power loss or paralysis
- Paraesthesia or reduced sensation or numbness
- Perishing with cold

#### Chronic

- Intermittent Claudication
- Chronic rest pain
- Dependent rubor, pallor on elevation & reduced capillary refill
- Skin changes including ischaemic ulcers, non-healing foot wounds & gangrene
- Absent foot pulses

### Suspected deep vein thrombosis

- Localised tenderness along the distribution of the deep venous system
- Entire leg swollen
- Calf swelling at least 3cm larger than the asymptomatic leg
- Pitting oedema confined to the symptomatic leg
- Collateral superficial veins (non-varicose)

### Suspected skin cancer

- Does not heal within 4 weeks
- Looks unusual
- Hurts, is itchy, bleeds, crusts or scabs for more than 4 weeks
- A change in a mole or freckle

### Bleeding varicose veins

- If varicose veins are bleeding, first aid should be offered and urgent referral to the Vascular Hub

Compression	Size	Use	Indication for use	Product Information
<b>JOBST® UlcerCare</b>  Replacement Liners	Small - 4XL	Red Flag Assessment and Immediate and Necessary Care should be followed. No / Low exudate  Compression liners, as well as holding a wound dressing in place, provides mild, graduated compression for ambulatory and non-ambulatory patients  Can be worn for 24 hours per day	Ideal for patients that can self-care Contains silk in the liner for ease of application  Only 2 measurements required Compatible with common footwear Always refer to manufactures application instructions	Available in 7 sizes Machine washable
<b>UrgoKTwo™ Reduced</b>  Multi-layer compression bandage kit	Ankle circumference: 18cm-25cm	Red Flag Assessment and Immediate and Necessary Care should be followed. Mod / High exudate	Always refer to manufactures application instructions	Designed for single use only. Store away from light and heat
	Ankle circumference: 25cm-32cm	2-layer elastic compression bandages recommended for patients with venous ulceration		