

Silver Standard Pathway

Complete Silver standard assessment form overleaf

LEG ULCER WITH VENOUS SIGNS AND SYMPTOMS

- Wash legs with warm water and a soap substitute to hydrate skin and reduce hyperkeratosis.
- Apply emollient cream to legs. Apply a skin protection to peri wound skin.
- Refer to wound formulary for recommended dressing for wound bed presentation.
- Measure the ankle and calf, and record.
- Calf should be larger than the ankle by at least 10cms for bandaging to be most effective.
- If calf is smaller then apply padding to increase calf size.
- Apply wool bandage from base of toes to just below knee in a spiral with 50% overlap.
- Apply 2 layers of K-Lite over wool bandage from base of toes to just below knee. (Double layer of K-Lite)
- Stretch K- Lite until resistance is felt, and apply evenly and firmly with 50% overlap.
- Change the bandages once or twice weekly depending on levels of exudate.
- Monitor weekly and complete wound assessment form and take photograph.
- If no signs of healing within 4 weeks, send a completed referral form to the Tissue Viability Nurse Specialist, if not already completed.
- If the wound is healing, continue.

LEG OEDEMA – No Wounds

If oedema present in the lower leg examine for oedema in thigh, sacrum and waist.

If present in thigh, sacrum or waist refer to GP for an urgent medical review and investigation.

If the oedema presents in lower leg only and the cause is dependent / gravitational, measure the calf and ankle and record these measurements.

If patient reports oedema is not reduced overnight with bed rest consider other causes e.g lymphoedema

Wash, moisturise and protect as in venous signs and symptoms.

If oedema reduces overnight, plan to manage oedema by applying wool bandage from base of toes to just below knee in a spiral with 50% overlap.

Apply 2 layers of K-Lite over wool bandage from base of toes to just below knee. (Double layer of K-Lite). Stretch K- Lite until resistance is felt and apply evenly and firmly with 50% overlap. Reapply daily, early morning where possible, to reduce and control oedema during the day.

If arterial signs and symptoms occur stop bandaging immediately and see relevant pathway.

Once oedema reduced and managed reassess for signs and symptoms of venous and/or arterial disease; consider need for holistic assessment including ABPI and compression garments/hosiery

ARTERIAL SIGNS AND SYMPTOMS

If any patient presents with arterial signs and symptoms i.e. pain on elevation or at night on bed rest, intermittent claudication, cold pale limbs with “punched out” wounds or wounds to toes or absent pedal pulses.

Refer to vascular URGENTLY

Do **NOT** apply bandaging

MIXED AETIOLOGY ULCER

(Arterial and venous)

Combined signs and symptoms of arterial and venous can be present in the same leg. If signs and symptoms of arterial disease are present as in the box above then refer to vascular team URGENTLY.

If asymptomatic send completed referral form to tissue viability nurse service.

Do not bandage without advice

The Silver Standard Pathway is only designed for clinicians who have yet to be trained in the National Gold Standard Leg Ulcer Management, to prevent and halt the development of chronic leg wounds. It does not replace the Gold Standard but is an interim to be used until the Gold Standard Practice is achieved.

This pathway has been adapted from the Caterham Dene Hospital Silver Standard Pathway by Carol Hedger TVN

Silver Standard Leg Ulcer Assessment Form

Patient name		DOB DD/MM/YYYY	
NHS/hospital number			
Date of assessment		GP	
Medical history		Medication /allergies	

Venous Signs and Symptoms	Tick if yes	Arterial Signs and Symptoms	Tick if yes
Pedal Pulses palpable		Pedal Pulses faint or absent	
Wound on gaiter area of leg		Wound on foot	
Wound shallow and irregular in shape		Wound deep and 'punched out'	
Leg and foot warm to touch		Leg and foot pale and cool	
Dependent/gravitational oedema present in lower leg		Pain on elevation and when in bed at night	
Brown/red haemosiderin staining visible		Intermittent Claudication	
Varicose veins and/or varicose eczema		Capillary refill > 4 seconds	
When no arterial signs and symptoms are present refer to the Silver Standard Pathway for skin care, reduction of oedema and venous ulcer bandaging regimes.		If any arterial signs and symptoms are present DO NOT apply any bandaging, refer to the Silver Standard Pathway.	

NB.If oedema extends into thighs, sacrum and/or waist, refer to GP for an urgent medical review.

Is patient suitable wool bandaging and double K-Lite bandaging from base of toes to just below the knee? YES / NO

Date bandaging commenced **REMEMBER TO COMPLETE WOUND ASSESSMENT CHART**

Commenced by (Print Name)..... Signature

Date of review (Review at least weekly and refer to TV if no improvement after 4 weeks with copy of this form attached to referral)

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