LEG ULCER ALGORITHM – Adapted from the Best Practice Statement 2016

**ABPI less than 0.5**
Urgent Referral to vascular centre, NO compression.

**ABPI 0.5-0.8**
Mixed disease, refer to vascular/ Tissue Viability team, reduced compression (20mmHg) following

**PERFORM ABPI**
Holistic Patient Assessment including:
- Past Medical History
- Limb Assessment

Consider other causes and refer to appropriate specialist:
- Dermatology
- Malignancy
- Pressure
- Autoimmune
- Arterial
- Diabetes

**ABPI over 1.3**
Consider calcification. Assess foot pulses, Doppler waveform. Consider referral to vascular. Consider 20mmHG compression.

**ABPI 0.8-1.3**
No evidence of significant arterial disease, safe to compress

If oedema present apply:
- ACTICO Compression as per instructions.
  - Or
  - If no oedema present apply:
    - ACTICO 2C
    - Or K-TWO bandage systems as per

No

Yes

Is the exudate controlled within topical dressing?

Is there a large amount of reducible oedema / limb distortion?

No

Yes

Apply ACTICO Compression system

When oedema and limb distortion controlled, change to European classification hosiery 40mmHG kit

Compress Hosiery kit 40mmHG

Reassess Weekly


Consider referral to vascular services to assess need for venous intervention to reduce the risk of recurrence as per NICE guidelines CG168 (2013)

After 4 weeks of treatment, if there is no reduction in ulcer size refer to vascular/ Tissue Viability service for review