

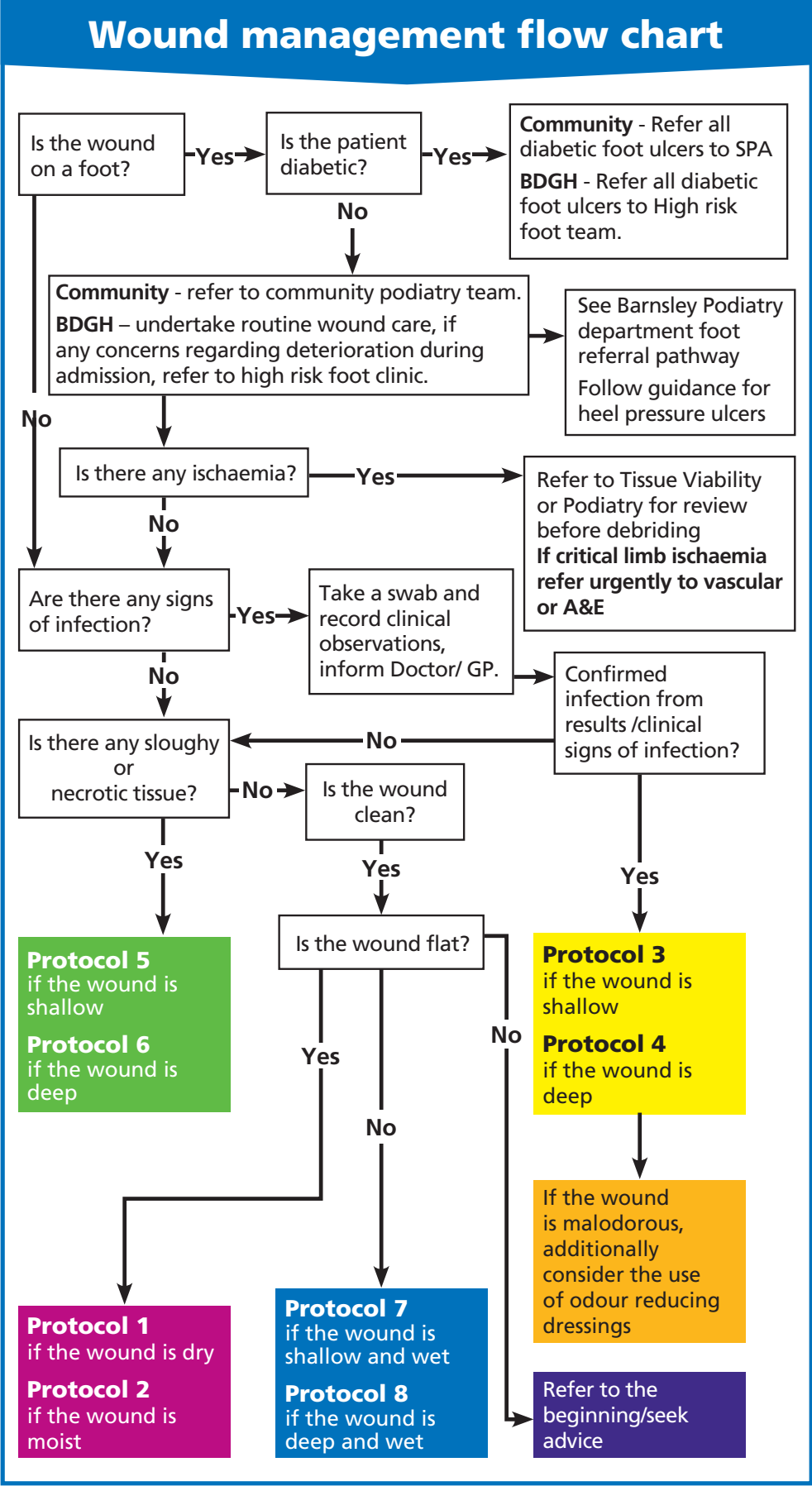


**Barnsley tissue viability team**  
Community - 01226 645180  
BHNFT – 01226 736126  
**Barnsley Podiatry Team**  
Community Podiatry – 01226 644315  
BHNFT (Diabetic Foot Clinic) - 01226 435678

| Washing legs   |   |
|--|---|
| Legs must be washed at every dressing change. For housebound/inpatients, line a bowl with a plastic bag or use a disposable bowl, use warm tap water and an emollient to wash the leg. Dry skin scales and hyperkeratosis can harbour bacteria. Good hygiene is an essential part of leg ulcer management.<br>*Confirmed diabetic foot ulcers and ischaemic foot ulcerations to be thoroughly cleansed with prontosan/ saline. |   |
| Lower limb care  | Aids in the management of wounds on lower legs  |
| All patients who have a lower leg wound or weeping legs should have a Doppler test and leg ulcer assessment no later than 2 weeks from onset.<br>Please follow the Leg Ulcer Care for Nurses guidance poster or the Chronic Oedema and Wet Legs Management Plan.   | Ensure patients can maintain personal hygiene. Use wound care protectors such as Sealtight or Limbo.<br>Special footwear can be an issued to enable the patient to mobilise safely, reducing the risk of falls. Debridement pads are effective in removing sloughy tissue and dead skin scales when washing legs. |

| Pressure ulcer classification |            |  |            |
|-------------------------------|------------|--|------------|
|                               |            |  |            |
| Category 1                    | Category 2 | Category 3   | Category 4 |
| Pressure ulcer                |            | Moisture lesion  |            |
| <b>Cause</b>                  |            | Pressure and/or shear  |            |
| <b>Location</b>               |            | Usually over a bony prominence   |            |
| <b>Shape</b>                  |            | Circular or regular shape, limited to one spot. Exclude possible friction                |            |
| <b>Depth</b>                  |            | Partial – full thickness, from grade 2 – grade 4   |            |
| <b>Necrosis</b>               |            | Present in full thickness pressure damage  |            |
| <b>Edges</b>                  |            | Distinct edges with clear demarcation  |            |
| <b>Colour</b>                 |            | Red, yellow, green, black  |            |
|                               |            | Moisture; shining wet skin   |            |
|                               |            | May be over bony prominence, in skin folds, and cleft, peri-anal redness/skin irritation |            |
|                               |            | Diffuse superficial spots or irregular shape   |            |
|                               |            | Superficial – partial thickness skin loss  |            |
|                               |            | No necrosis or eschar present  |            |
|                               |            | Diffuse, irregular edges   |            |
|                               |            | Redness that is not uniformly distributed  |            |

|   |   |
|---|---|
| <b>Protocol 1</b><br>Melolin<br>Softpore<br>Tegaderm + Pad<br>365 Film Island Dressing (BDGH)   | <b>Protocol 5</b><br>Actiheal Hydrogel  |
| <b>Protocol 2</b><br>Lomatuell Pro<br>Duoderm extra thin<br>Tegaderm transparent film   | <b>Protocol 6</b><br>Actiheal Hydrogel<br>Actiform Cool<br>Biatain Fibre<br>Kytocel   |
| <b>Protocol 3</b><br>Algivon Plus<br>Algivon Ribbon<br>Activon Tube<br>Actilite<br>Flaminal Forte/Hydro   | <b>Protocol 7</b><br>Suprasorb P sensitive<br>Urgo Absorb border – Skin Tear Pathway only<br>Zetuvit, Zetuvit +Silicone<br>Biatain Silicone foam border/ non border |
| <b>Protocol 4</b><br>Algivon Plus<br>Algivon Ribbon<br>Activon Tube<br>Actilite<br>Flaminal Forte/Hydro   | <b>Protocol 8</b><br>Moderate to high levels exudate<br>Eclipse – Non backed<br>Convamax superabsorbent / adhesive  |
| <b>Protocol 9</b><br><b>Tissue viability</b><br>Tissue Viability<br>TNP – Activac or Avelle<br>Aquacell Ag+ Extra<br>Larvae therapy<br>Medi Derma Pro range<br><b>Podiatry</b><br>Acticoat flex 3 and 7<br>Aquacel Ag+ extra<br>Tegaderm Foam Adhesive<br>Inadine<br><b>Dermatology</b><br>Hidrawear range. |   |
| <b>Malodorous wounds</b><br>Refer to protocol 3 and 4<br>Refer to Posies pathway  |   |
| <b>Cleansing and debridement</b><br>Follow Wound Cleansing pathway  | <b>Moisture associated skin damage</b><br>Follow MASD pathway   |



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