NHS
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AT A GLANCE: 4 STEP LOWER LIMB CARE

Within 6 hours of admission and in accordance with **OUH Pressure Ulcer Prevention Policy**. All Lower Limb dressings should be removed, wound assessment undertaken and clearly documented.

Remember:
REMOVE,
ASSESS,
RE-DRESS,
RE-ASSESS

Prepare a dressing trolley/tray with the following:

- Dressing pack
- Atrauman, or Cutimed Sorbact, if local infection is suspected
- Absorbent pad (see flow diagram below)
- Sub-bandage wadding
- Tubular or crepe bandaging
- Emollient

Low Exudate:
Surgical pad

Moderate to High Exudate:
Super absorbent pad

Excessive Exudate:
Refer to Tissue Viability Team

REMOVE

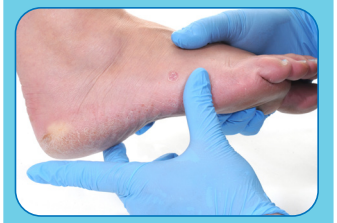
STEP 1 – Remove Dressing

- Remove all dressings / bandages including Compression Therapy
- Wash lower limb with warm water and soap substitute

ASSESS

STEP 2 – Carry out full inspection

- Full skin inspection within 6 hours of admission

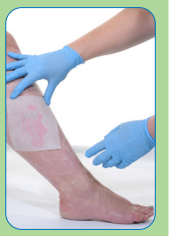


- Pay particular attention to the bony prominences

RE–DRESS

STEP 3 – Cleanse the limb and dry the unbroken skin

- Apply emollient to unbroken skin
- Apply dressing as above (unless indicated otherwise by the wound assessment)



- Apply absorbent dressing pad
- Apply sub-bandage wadding from the base of the toes to just below the knee
- Secure with an appropriate size of tubular retention or crepe bandage from the base of the toes to just below the knee.

RE–ASSESS

STEP 4 – Cleanse the limb and dry the unbroken skin

- Off load heels
- Carry out pressure area and skin assessment each dressing change.
- Re-assess wound at every dressing change, frequency of dressing should be indicated by exudate level. Dressings should be changed a minimum of twice weekly. Document care on EPR.

For further advice, contact the Tissue Viability Team: Email: tissueviabilityteam@ouh.nhs.uk

Tissue Viability Team January 2023. OMI 92218