

Figure 2. Decision-making pathway for compression therapy in patients with CHF

Patients with known or suspected heart failure and lower limb oedema/ lymphoedema, leaking/lymphorrhea or ulceration



CONSIDERATION

If no previous diagnosis of heart failure but it is suspected, consider referral/investigations e.g. Brain Natriuretic Peptide (BNP) blood test and echocardiogram

CONSIDERATION

20mmHg compression therapy

options include

(e.g. Ulcercare kit liners, CCL1

flat knit, light compression bandage system or wrap)

ABPI <0.5 or ≤0.5

(ATP <40mmHg)

Urgent referral to vascular

centre. STOP compression

ABPI 0.5 to 0.8 (ATP 40-59mmHg)

Mixed disease. Refer to

vascular centre / tissue viability

team, continue with

<20mmHg

ABPI >1.3 / unable to record

toe pressure Consider calcification, assess foot

pulses, Doppler waveflow. If unsure consider referral to

vascular centre and / or tissue

viability. Continue

<20mmHg compression



ASSESS RED FLAGS: ACUTE DECONGESTIVE HEART FAILURE (Acute deterioration of any of the below symptoms in the last 7 days)

Are any of the below red flags present?

- Increasing breathlessness (either at rest or on exertion)
- · Prescence of truncal oedema
- Increased reports of waking up due to breathlessness (PND)
- Inability to lay flat due to breathlessness (Orthopnoea)
- Rapid increase in weight



·Yes

DO NOT APPLY COMPRESSION
Escalate to appropriate
practitioner for diuretic
medication review and
request full cardiac review



DO NOT APPLY COMPRESSION

- · Treat infection
- · Immediately escalate
- If patient has limb threatening ischaemia -refer urgently to Vascular Service
- If the patient has diabetes and the wound is on the foot refer urgently to local diabetic foot MDT service
- Any other urgent concerns discuss with GP urgently Prior to referral, consider if
- patient is in the last few weeks of life.



CONTINUE WITH 20MMHG COMPRESSION

- Arrange for repeat assessment in 7 days
- Consider the required level of compression and duration of treatment

For more information

please call the Tissue

Viability triage line on:

01246 515870

 Consider review requirements

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ASSESS RED FLAGS: APPLICATION OF COMPRESSION

Are any of the following symptoms present?

- Acute infection of leg or foot (e.g. increasing unilateral redness, swelling, pain, pus, heat)
- Symptoms of sepsis
- Acute or chronic limb threatening ischaemia
- Suspected acute deep vein thrombosis (DVT)
- Suspected skin cancer

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Apply 20mmHg compression therapy to both legs, arrange for holistic lower limb assessment, including assessment of vascular status e.g. ABPI/Absolute toe pressure or TBI Depending on limb shape, apply light compression bandage, hosiery or wrap system

Is there evidence of ulceration or lymphorrhea?

Yes

Complete holistic lower limb assessment within 14 days including assessment of vascular status e.g. ABPI/Absolute toe pressure or TBI

ABPI 0.8-1.3 TBI>60mmHg



Prior to increasing level of compression, reassess for red flag: ACUTE DECONGESTIVE HEART FAILURE

(Acute deterioration of symptoms over the last 7 days)

- Increasing breathlessness at rest
- Prescence of truncal oedema
- Increased reports of waking up due to breathlessness (PND)
- Inability to lay flat due to breathlessness (Orthopnoea)
- Rapid increase in weight If any of the above red fl

If any of the above red flags are present, do not increase the level of compression therapy and escalate to appropriate practitioner

Is there any evidence of the following?

- · Acute Cellulitis
- Bilateral legs affected
- Soft pitting oedema

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- TAKE STAGED APPROACH TO COMPRESSION THERAPY

 Continue with 20mmHg on both legs for 14 days
- · Reassess red flags for acute decongestive heart failure assessment
- If no new signs of acute heart failure present apply 40mmHg to one leg
- Reassess red flags for acute decongestive heart failure assessment after 7 days
- If no new signs of acute heart failure apply 40mmHg to second leg
- Implement an ongoing red flag assessment care plan for patient.

APPLY 40MMHG COMPRESSION THERAPY TO AFFECTED LIMB

- Implement an ongoing heart failure red flag assessment care plan for patient
- Reassess red flags for acute decongestive heart failure assessment after 14 days
- If no new signs of acute heart failure present continue with 40mmHg
- Consider review requirements

TREATMENT OPTIONS TO CONSIDER

REGULAR LIMB SHAPE/MILD OEDEMA

Apply leg ulcer hosiery kit (e.g. JOBST UlcerCARE)

If patient is able to self-care consider an appropriate compression wrap system (e.g. JOBST FarrowWrap)

Refer to local maintenance guidance for garment choice Implement an ongoing red flag assessment care plan for patient Educate patient on their condition and ongoing treatment

- MODERATE TO SEVERE OEDEMA AND/OR IRREGULAR LIMB SHAPE
- Consider full leg (including toes and thighs) if swelling above the knee
- · Apply short stretch compression bandage
- If patient able to self-care consider an appropriate compression wrap system (e.g. JOBST FarrowWrap)
- Refer to local maintenance guidance for garment choice
- Implement an ongoing red flag assessment care plan for patient
- Educate patient on their condition and ongoing treatment