

### Identify immediate red flags

- Acute infection: heat, redness, pain, swelling, loss of function
- Sepsis
- Deep vein thrombosis
- Suspected malignancy
- Acute limb ischaemia: pain, pulseless, pallor (or cyanosis or mottling), paralysis, paraesthesia or numbness
- Chronic limb ischaemia: chronic rest pain, intermittent claudication, absent pulses

Refer immediately for emergency care if any red flags are present

If no "red flags" are present, initial wound management should take place in primary care

### Provide first-line care

1. Assess the wound using the TIMERS principle:
  - **T = tissue**; any non-viable tissue?
  - **I = infection**; any signs of infection or chronic inflammation?
  - **M = moisture imbalance**; is the wound dry, or is there exudate?
  - **E = edge of wound**; are the edges fragile and bleeding? Is the wound undermined?
  - **R = regeneration**; is there infection, biofilm, or social factors likely to impair healing?
  - **S = social components**; has appropriate patient education and instructions been given?
2. **Cleanse** the wound
3. Apply an **appropriate dressing**
  - If unsure of specific dressing, apply silicone **superabsorbent polymer (SAP)-containing dressing** with an appropriate wear time, until expert opinion can be obtained
4. In the absence of any red flags and if competent and able to do so, apply first-line compression of 20mmHg or less

### Make a working diagnosis

**If diagnosis is unclear:** refer to an appropriate specialist, for example, a tissue viability service or specialist GP

**Make patients aware of red flags** and advise them to seek immediate help if any of these symptoms develop

### Identify and address (where possible) factors affecting wound healing

- **Quality of life:** Pain, exudate, mood, daily activities, social interactions
- **Comorbidities:** Obesity, diabetes, neuropathy, anaemia, cancer, arterial disease, vascular disease, chronic inflammation, lymphoedema, immunosuppression or immune disease, dementia, mood disorders
- **Patient factors:** Older age, smoking, genetics, immobilisation, sedentary lifestyle
- **Psychosocial factors:** Poor nutrition, economic status, behavioural factors, adherence, health literacy, living conditions, solitude/lack of social support

### Reassess wound after 2–6 weeks

- **If wound is improving,** continue care
- **If no improvement,** refer to specialist services