

Lower Limb At Risk Care Pathway - v0.10 (September 2020)

First Line Assessment by Competent Health Care Professional ++

Cardiovascular risk- Obesity, smoking, Diabetes, cholesterol, hyperlipidemia, hypertension, history of atherosclerotic coronary, carotid, or renal artery disease
Accurate history
Pulses- Femoral, Dorsalis Pedis, Posterior Tibial,
Ankle Brachial Pressures (ABPI) (with PVR where available) *
Sensation- 10g monofilament and Rydel Seiffer 128 Hz tuning fork

Deformity
Temperature
Subjective Symptoms- Claudication (Edinburgh scale), ischaemic rest pain – see definition (TASC II)
Digital Photography of wounds/deformity/stigmata of venous insufficiency
Toe Brachial Pressures (TBPI)
Tissue viability- Colour, Trophic changes (atrophy or wound- margins or distal & appearance), Capillary refill, oedema
 The assignment of competence will be through formal training & assessment

Action: Self-management support and health promotion

Low Risk Limb

- Normal pulses ✓
- Tri/biphasic Doppler
- No intermittent claudication
- No rest pain
- Normal tissue
- Low CV Risk
- Normal sensation
- No oedema

Reassure and Discharge

Non Critical PAD

- With or without wound
- Reduced femoral or foot pulses
- Bi/Monophasic Doppler
- Intermittent claudication
- Clinical signs
 - cool
 - pale
 - cap refill prolonged
 - dependent rubor

ABPI <0.8 but >0.49
 TBPI < 0.6 but >0.2

PVR waveform: Grade B and C

Critical Limb Ischaemia

- With or without wound
- Reduced Femoral or foot Pulses
- Monophasic Doppler
- **Rest pain**
- **Any tissue loss**
- **Necrosis, gangrene or chronic wound** and/or low pressures
 ABPI <0.49
 TBPI <=0.2
 Toe pressure <30mmHg

PVR waveform= Grade D Severe-Critically abnormal

Venous

- Exclude arterial disease before commencing compression
- Stigmata of Chronic venous Insufficiency

If mixed disease, prioritise arterial

Neuropathic (absent or reduced sensation Normal pulses & ABPI/TBPI)

ULCERATION
 Hot, red, swollen
 Local and/or systemic infection

NO ULCER
 Hot, red, swollen
 No sign of infection
 May recall minor injury to the foot
 (Diffuse, usually unilateral with sudden onset)
 X-ray*

ACTION
 Initiate C.V risk/lifestyle modification by community team. Smoking cessation, National Referral Exercise Scheme (NERS)

Symptoms improve or stabilise: Discharge

Symptoms progress or fail to improve
ACTION
 Discuss with on-call team if deterioration
 Refer to Vascular Service with detailed clinical history

Critical Ischemia
ACTION
 Refer immediately Through Community Vascular referral system

Venous Disease (No PAD)

ABPI 0.8- 1.2
 TBPI =/> 0.7
 Toe pressure >40mmHg
 PVR waveform: Grade A Normal

ACTION
 Initiate local treatment plan
 • Compression
 • Refer via Community vascular Referral system

FOOT ATTACK
ACTION
 Ref FPT
 Immediate Offloading
 Wound mgt
 Patient education

If infection suspected: Immediate referral to on call surgical /T&O team

CHARCOT
ACTION
 Ref to FPT
 Immediate Offloading
 Patient education

ASSESSMENT

DIAGNOSTICS

SIGNPOSTING



Swansea Bay University Health Board

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| Has NICE guidance been considered/referenced when producing this guidance? If yes, please state the title or reference number. | Clinical guidelines CG147 and NG19 considered during development and consultation |
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(1) All policies need to comply with the Policy for the production, consultation, approval, publication and dissemination of strategies, policies, protocols, procedures and guidelines

(2) Relevant keywords will assist COIN users with searching for documents.