



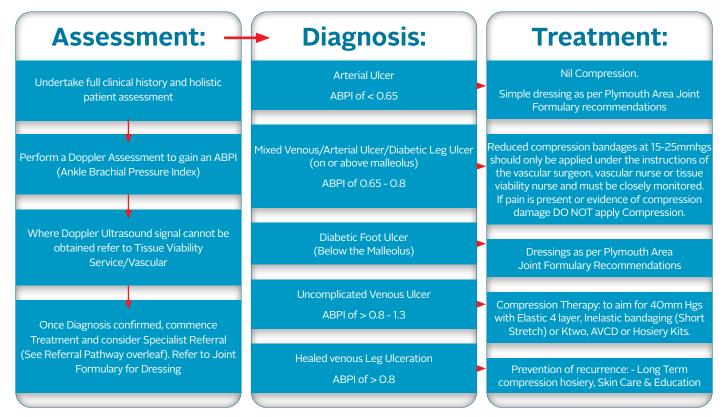
PAD Pathway

Ask	 Is the patient experiencing pain in their feet and legs at night? (rest pain) Does the patient experience pain in their calves, legs or buttock when walking ? (intermittent claudication) This is the most common symptom of PAD¹ Medical History – smoking, hypertension, diabetes, previous cardiac events high cholesterol and chronic kidney disease are major risk factors for PAD²
Look	 COLOUR—check for discoloured areas—poor blood supply sometimes gives a patchy mottled appearance³ LIFT -does the colour drain from the limb when raised above the hip and is it slow to return - this is a sign of poor perfusion WOUND BED—if there is a wound is the wound bed pale? This can be a sign of poor blood supply HAIR—hair on toes and legs is a good sign of perfusion. Lack of hair and shiny skin can indicate poor blood supply³ NAILS—thickened and discoloured may be a sign of PAD³ TOES—are the toes cold and blue and painful—look for areas of tissue that are discoloured or necrotic
Press	 Capillary refill—gently apply digital pressure until tissue blanches then see how long it takes for colour to return⁴. Check hallux and heel
Measure	 Use handheld doppler to check for pulses. When assessing soundwaves consider the equipment in use and the size of the limb. A 5 mmHz probe and large cuff is required for larger, oedematous limbs⁵ Monophasic, slushy, slow or absent pulses are a red flag If using a Mesi Doppler check the PVR in addition to the ABPI. The wave forms are interpreted by pattern recognition and determine the severity of PAD. A flattened PVR waveform or a PVR without typical shape is an indicator of severe PAD. For further information please refer to your Mesi PVR waveform document.
Action	 OFFLOAD—ensure heels are offloaded whenever possible EDUCATE^{1,5}—inform the patient and carers if they are at risk and advise of best course of action and then DOCUMENT No bare feet—ensure patient is not at risk of trauma to their feet and legs REFER – Ensure appropriate specialist services are involved1 Use Vascular Referral Pathway overleaf
Warning	 Absent pedal pulses- require a same day admission to hospital Hot red foot or leg – Acute infection of leg or foot (e.g. increasing unilateral redness, swelling, pain, pus, heat), treat infection in line with NICE Antimicrobial Guidelines^{6,7}



Joint LIVEWELL SOUTHWEST & UHP Leg Ulceration: Vascular Treatment Pathway*

PRESENTATION: Patient presents with a Leg Ulcer, a wound below the knee that has been present for 4 weeks or more.



Joint LIVEWELL SOUTHWEST & UHP Leg Ulceration: Vascular Referral Pathway*

ASSESSMENT: Patient presents with a Leg Ulceration. Undertake full clinical history and holistic patient assessment including Ankle Brachial Pressure Index (ABPI).

Diagnosis:	Referral:	Outcome:
Articular Ulcer: ABPI of 0.65	URGENT Fast track referral to a Vascular Consultant via DRSS (0845 155 8283)	Priority outpatient appointment to investigate, diagnose and to treat underlying condition
Mixed venous/Arterial Ulcer/ Diabetic Leg Ulcer (on or above Malleolus) ABPI of 0.65 - 0.8	ROUTINE Vascular Consultant referral via DRSS	Outpatient appointment to investigate, diagnose and treat underling condition
Diabetic Foot Ulcer (Below the Malleolus)	All patients with diabetic foot ulcers referred to the Joint Diabetes Foot PHT https://www.plymouthhospitals.nhs.uk/ diabetespodiatry	Effective Management of diabetic foot ulcers within a specialist multi-disciplinary outpatients settings
Uncomplicated Venous Ulcer ABPI of > 0.8	Routine Referral to Vascular Specialist Venous Leg Ulcer Clinic if not healed within two weeks via DRSS Routine Vascular Specialist referral via DRSS	Duplex assessment of underlying venous insufficiency and assessment of suitability for compression therapy and possible treatment of venous disease
Healed venous Leg Ulceration ABPI of > 0.8		

*Reference; EWMA Position Document 2003 Understanding compression therapy pp12 (1) NICE. Lower limb peripheral arterial disease: diagnosis and management. London: NICE; 2012. www.nice.org.uk/cg147 (2) Atkin L, van Orsouw M, Bond, E 2015 Peripheral Arterial Disease. Independent Nurse, available from https://www.independentnurse.co.uk/clinical-article/peripheralarterial-disease/107957/ (3) https://www.nbs.uk/conditions/peripheral-arterial-disease-pad/ (4) Conte MS, Bradbury AW, Koh P, White JV, Dick F, Fitridge R, Mills JL, Ricco JB, Suresh KR, Murad MH; GVG Writing Group. Global vascular guidelines on the management of chronic limb-threatening ischemia. J Vasc Surg. 2019 Jun;69(6S):35-1255.e40. doi: 10.1016/j.jvs.2019.02.016. Epub 2019 May 28. Erratum in: J Vasc Surg. 2019 Aug;70(2):662. PMID: 31159978. (5) Wounds UK. Best Practice Statement: Ankle brachial pressure index (ABPI) in practice. London: Wounds UK, 2019. Available to download from: www.wounds-uk.com (6) The National Wound Care Strategy Programme 2020 Lower Limb - Recommendations for Clinical Care