

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

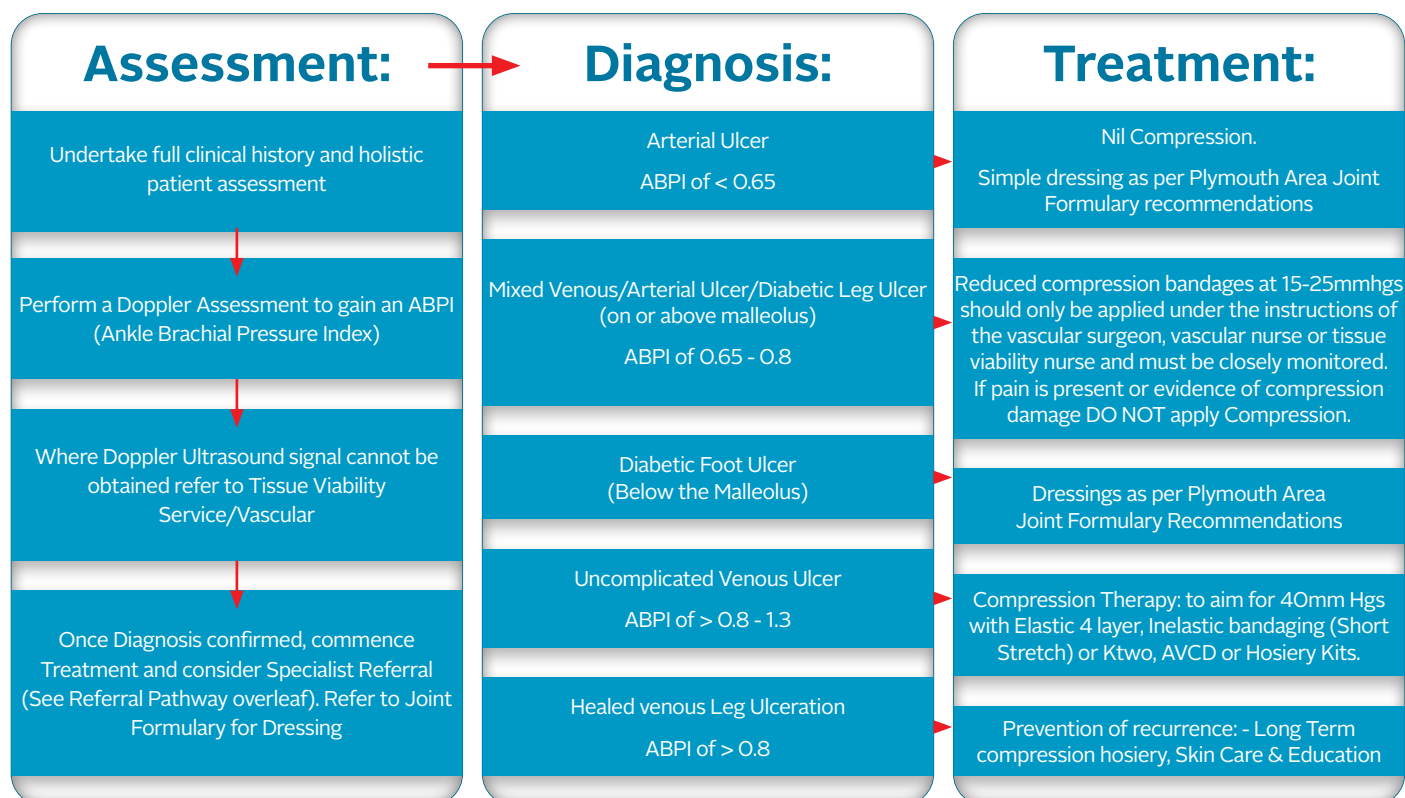
- OFFLOAD—ensure heels are offloaded whenever possible
- EDUCATE^{1,5}—inform the patient and carers if they are at risk and advise of best course of action and then DOCUMENT
- No bare feet—ensure patient is not at risk of trauma to their feet and legs
- REFER – Ensure appropriate specialist services 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}

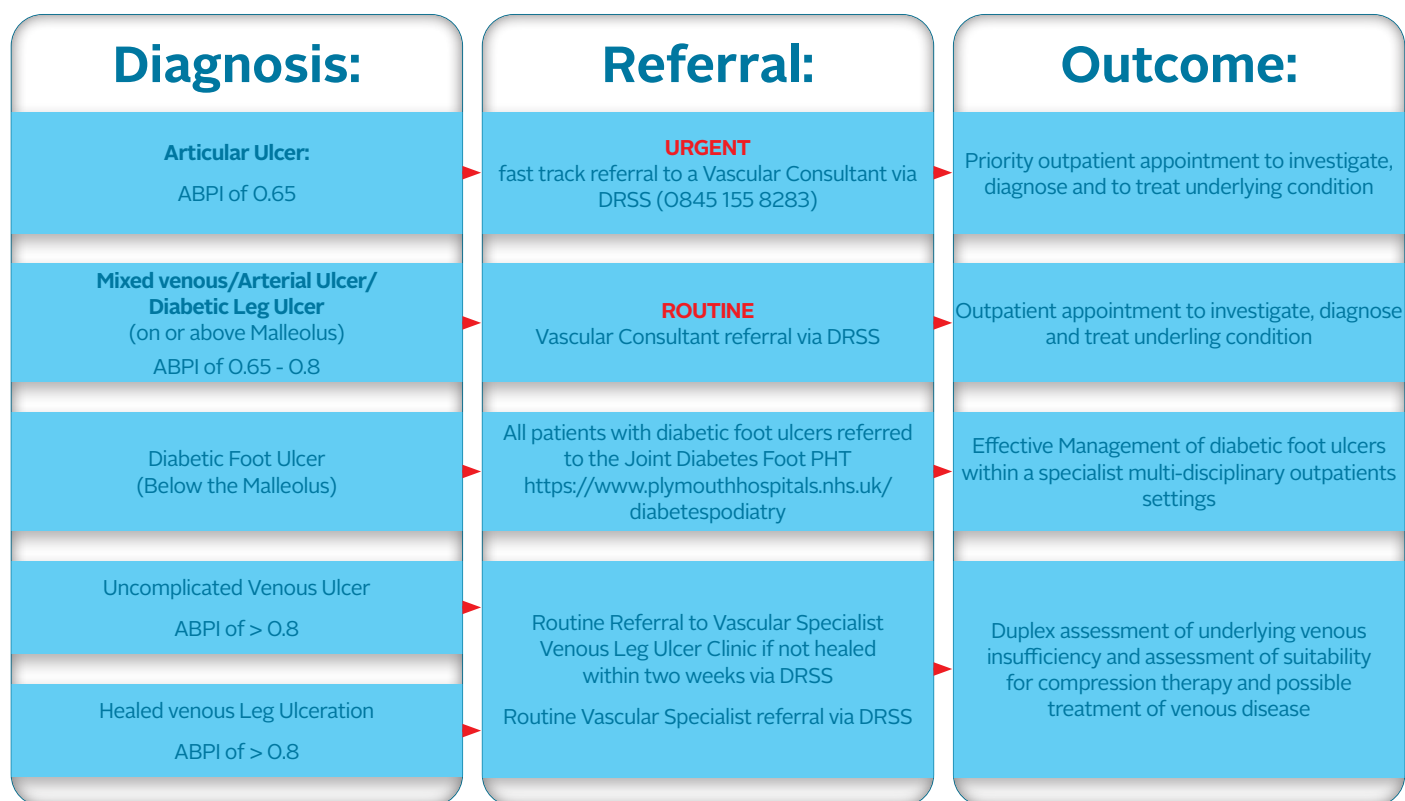
Joint LIVEWELL SOUTHWEST & UHP Leg Ulceration: Vascular Treatment Pathway*

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).



*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/peripheral-arterial-disease/107957/> (3) <https://www.nhs.uk/conditions/peripheral-arterial-disease-pad/> (4) Conte MS, Bradbury AW, Kolh 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):3S-125S.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