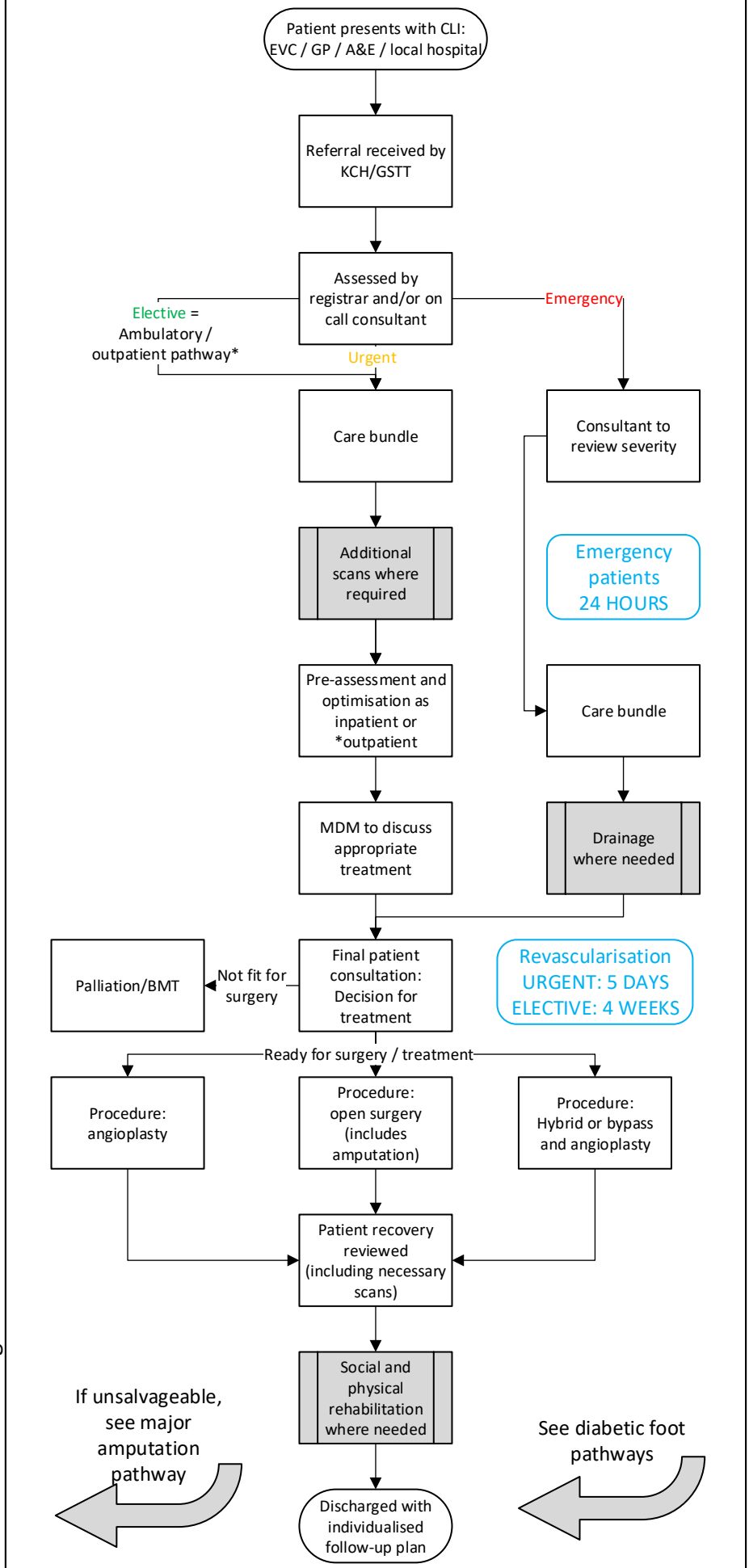
Critical limb ischaemia

Joint GSTT and KCH protocol



EMERGENCY:

Limb or blood threatening

Red flags:

- Acute limb ischaemia
- Sepsis
- Foot collection
- Wet / gas gangrene
- Evidence of insufficient blood supply

URGENT:

- Extensive tissue loss
- Uncontrolled rest pain
- Signs of infection – but does not require drainage
- + damaged waveforms
- +/- ABPI < .5

ELECTIVE:

- Rest pain
- Minor dry gangrene
- Non-healing ulcers

CARE BUNDLE

Imaging/medication/review

- Request duplex scan manually
- FBC
- Cross match
- Biochemistry – renal, glucose and lipid profiles
- Anticoagulants, antiplatelets and antibiotics
- CRP

Additional scans: angiogram and CTA

PRE-ASSESSMENT and OPTIMISATION

- Advanced discharge planning including social needs where appropriate. E.g home visit, completing necessary forms
- If an issue is identified at pre-assessment, requiring optimisation, the patient is to be referred to the relevant team, commonly: POPs/elderly care, cardiology and renal
- Optimise analgesia

MDMs

- Due to urgency of revascularisation and rapid progression of tissue damage, not all patients need to be discussed at formal weekly MDM but all patients should be discussed by multi-disciplinary group.
- Purpose of MDM is to discuss new information where decision for best treatment is unclear, e.g. from scan or pre-assessment

FOLLOW-UP OPTIONS

- 6 week duplex scan
- Diabetic foot clinic
- Emergency vascular clinic

KEY

Necessary step

Optional step, at clinician discretion