Critical limb ischaemia Joint GSTT and KCH protocol Patient presents with CLI: EVC / GP / A&E / local hospital Referral received by KCH/GSTT Assessed by registrar and/or on **Emergency** Elective = call consultant Ambulatory / outpatient pathway* Urgent Consultant to Care bundle review severity Additional **Emergency** scans where patients required 24 HOURS Pre-assessment and optimisation as Care bundle inpatient or *outpatient MDM to discuss Drainage appropriate where needed treatment Revascularisation Final patient Not fit for consultation: **URGENT: 5 DAYS** Palliation/BMT surgery Decision for **ELECTIVE: 4 WEEKS** treatment Ready for surgery / treatment Procedure: Procedure: open surgery Procedure: Hybrid or bypass angioplasty (includes and angioplasty amputation) Patient recovery reviewed (including necessary scans) From referral to discharge Social and physical If unsalvageable, rehabilitation see major See diabetic foot where needed amputation pathways pathway Discharged with individualised follow-up plan

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
- FB
- Cross match
- Biochemistry renal, glucose and lipid profiles
- Anticoagulants, antiplatelets and antibiotics
- CRD

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 multidisciplinary group.
- Purpose of MDM is to discuss new information where decision for best treatment is unclear, e.g. from scan or preassessment

FOLLOW-UP OPTIONS

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

