

Emergency vascular pathway: COVID-19

South London and Surrey Vascular Networks



All patients will be assumed COVID-19 cases unless otherwise stated.

Patient with severe comorbidities or aged over 70 may be advised to receive best medical treatment or palliation.

Patients in Networks presenting with life or limb threatening emergencies require immediate transfer to an emergency department with an arterial hub:

- Acute limb ischaemia
- Aortic dissection
- Gas gangrene / gas in tissue
- Ruptured or symptomatic aortic aneurysm
- Asymptomatic aortic aneurysm >7cms
- Severe signs of sepsis relating to critical limb ischaemia
- Severe diabetic foot infection

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Referring region	Refer to arterial hub	Contact details – Vascular Consultant on call
South West London Surrey Downs East Surrey	St George's Hospital	07932 618188 or to Consultant on call via switchboard via 020 8672 1255
South East London North West Kent	St Thomas' Hospital OR King's College Hospital	07717 513348 020 3299 7595 / 07973 456 741
Surrey Heartlands	Frimley Park Hospital	01252649727 or to Consultant on call via switchboard via 01276 604 604.

Further information

All patient transfer requests will be determined by a vascular consultant.

If the assigned arterial hub cannot accept the patient transfer due to capacity, **it is up to the referrer** to contact an alternative arterial hub.

Stable patients who require an urgent vascular opinion will be triaged by consultant and followed up within 48 hours. This includes patients with critical limb ischaemia (gangrene, no systemic sepsis).

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Stage 1 Escalation

New emergency referral criteria

Patients offered certain treatments previously may now be offered best medical treatment or palliative care, depending on circumstance.

If patient is:

- Aged under 70 (or in accordance with current national ITU guidance)
- **AND**
- Has no significant cardiac co-morbidities

Refer to the arterial hubs

Ruptured aneurysms - Patients will be offered local anaesthetic (LA) EVAR or best other available treatment

Type B dissection - If there is an arterial centre to take the referral then current standard of care treatment to be offered pending available capacity.

Acute limb ischaemia - Limb threatening ischaemia to be treated where possible capacity dependent

All patients outside this criteria will be reviewed by a Consultant MDT on a daily basis to assess the availability of safe pathways and treatment options. If possible to offer best interventional care this will be done.

Stated pathways are subject to change.

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Stage 2 Escalation

This assumes little to no bed/staff/ICU capacity

Patients offered certain treatments previously may now be offered best medical treatment or palliative care, depending on circumstance.

If patient is:

- Aged under 70 (or in accordance with current ITU guidance)
- **AND**
- Has no significant cardiac co-morbidities

Refer to the arterial hubs

Ruptured aneurysms – Patients will need to be transferred to an available centre and will be palliated if no availability

Type B dissection - If there is an arterial centre to take the referral otherwise offer BMT

Acute limb ischaemia - patients may only be offered palliative care or primary amputation

All patients outside this criteria will be reviewed by a Consultant MDT on a daily basis to assess the availability of safe pathways and treatment options. If options still exist then offer best possible care but at Stage 2 it is unlikely that interventional pathways will be available.

Stated pathways are subject to change.

New urgent referral criteria

Patients offered certain treatments previously may now be offered best medical treatment or palliative care, depending on circumstance.

Aneurysms

Treat as urgent:

- > 7cm or symptomatic
- Patient has no significant cardiac co-morbidities

Delay other patients as non-urgent, supply telephone number to contact in case of worsening symptoms.

Patients will be considered for endovascular treatment only.

Carotid

Surgery only considered on crescendo TIA's, 70-99% stenosis where patient will not require HDU, <70% advise BMT. **At escalation to stage 2 BMT only to be offered, except for crescendo TIA's.**

Venous leg ulcers

Surgery not offered, advise BMT and compression

CLI

Treat as urgent:

- Limb threatening, tissue loss or gangrene
- Patient has no significant cardiac co-morbidities

Delay other patients as non-urgent, supply telephone number to contact in case of worsening symptoms.

Patients will be considered for LA endovascular treatment on a day case pathway.

DVT

Surgery not offered, advise BMT

Amputations

Minor Amputation below ankle (no transfer)

Major amputations refer to the arterial centre for consideration on case by case and offer BMT.

All patients outside this criteria will be reviewed by a Consultant MDT on a daily basis to assess the availability of safe pathways and treatment options. Stated pathways are subject to change.