

# Peripheral Arterial Disease (PAD) Integrated Care Pathway

(for patients with North Manchester GPs)

Patient has a lower limb assessment by: GP, Nurse or Allied Health Professional

## Baseline peripheral arterial assessment

Cardiovascular risks

Foot pulses

Leg symptoms

Doppler signals

### No PAD

- Foot pulses palpable
- No intermittent claudication
- Doppler signals tri / bi phasic
- No ischaemic rest pain
- No clinical signs of PAD

Consider differential diagnosis

### Suspected PAD

- Foot pulses non-palpable
- Symptoms of intermittent claudication
- Doppler signals monophasic
- Clinical signs eg atrophy, cold, chronic wound, capillary refill > 3 seconds, pale

### Severe / critical limb ischaemia

- Foot pulses absent
- Doppler signals monophasic / absent PLUS any 2 of the following
  - Ischaemic rest pain
  - Ankle systolic < 50mmHg
  - Deteriorating foot / leg wound
  - New necrosis / gangrene

**Refer to the Leg Circulation Service** for non-invasive lower limb vascular assessment, diagnosis / exclusion of PAD and individual treatment plan: (CV risk management, supervised exercise, medicines, surgical options)

**Refer urgently** to Hospital Vascular Team if not already with them, or if signs / symptoms have worsened

### Non-surgical management

- Early – moderate PAD
- Individual management plan
- Review in 3 – 12 months or if leg symptoms worsen

### Refer for surgical opinion

- Worsening / severe / critical PAD
- Severe lifestyle impacting symptoms
- Ankle brachial pressure index < 0.4
- Ankle systolic pressure < 50mmHg

**Follow up** within 1 working day to ensure that Hospital Vascular Team has received and triaged the referral. Document this clearly in the clinical notes.

All patients with a **confirmed diagnosis** of PAD should have an individually agreed management plan, which is to be reviewed periodically with their GP, the Leg Circulation Service or the Hospital Vascular Team.

The management plan will include targeting cardiovascular risk factors, limb problems and negotiating treatment options (lifestyle, medicines, surgery) by GPs, Nurses and Allied Health Professionals involved in management of the lower limb

#### PAD / CV risk management

- Antiplatelet therapy
- Lipid lowering therapy
- Hypertension
- Smoking
- Obesity
- Light cardiovascular exercise
- Glycaemic control (if has diabetes)

#### Target

Initiate for all with established PAD  
Initiate for all with established PAD  
BP < 140/90 mmHg  
Aim for quit  
BMI < 30  
30 / 45 mins, 3 to 5 times per week  
HbA1c < 7.0 % or < 53 mmol/mol

#### Source

NICE 2010, SIGN 2006  
NICE 2010, SIGN 2006  
NICE 2006  
SIGN 2006  
NICE 2006  
DOH 2004  
NICE 2008, IFCC 2007

This pathway is based on PAD consensus from SIGN, TASC II, NICE, Target PAD and local expert opinion

**Contact numbers for general advice regarding PAD or main hospital numbers for Vascular Registrar advice if urgent**

#### General advice (Mon – Fri, 8.30am – 4.30pm)

Leg Circulation Service 0161 861 \*\*\*\*  
(For patients with North Manchester GPs)

#### Urgent advice – on-call Vascular / Surgical Registrar

Pennine Acute Hospitals Trust 0161 624 \*\*\*\*  
Manchester Royal Infirmary 0161 276 \*\*\*\*

## **Peripheral Arterial Disease Integrated Care Pathway endorsed by:**

<b>Clinician</b>	<b>Position</b>
Dr C Dang	Consultant Physician (diabetes), PAHT
J Dyce	Leg Ulcer Nurse Specialist, PAHT
M Fox	Vascular Specialist Podiatrist, PAHT
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Mr M Hadfield	Consultant Vascular Surgeon, PAHT
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Dr M Savage	Consultant Physician (diabetes), PAHT
L Smith	Vascular Nurse Specialist, PAHT
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### **Group / Team**

North Manchester High Risk Lower Limb Governance Group, PAHT

Medicine and Community Services Governance Group, PAHT

Surgical Division Governance Group, PAHT