

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:

Clinician	Position
Dr C Dang	Consultant Physician (diabetes), PAHT
J Dyce	Leg Ulcer Nurse Specialist, PAHT
M Fox	Vascular Specialist Podiatrist, PAHT
H Gordon	Podiatry Services Manager, PAHT
Mr M Hadfield	Consultant Vascular Surgeon, PAHT
J Harker	Nurse Consultant Tissue Viability, PAHT
Mr R Ibrahim	Consultant Vascular Surgeon, PAHT
Dr S Jackson	General Practitioner, Urban Village MC
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Mr M Madan	Consultant Vascular Surgeon, PAHT
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Mr T Oshodi	Consultant Vascular Surgeon, PAHT
M Proudman	Tissue Viability Nurse Lead, 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