



**VASCULAR LIMB SALVAGE (VALS) CLINIC**

at

**GLENFIELD HOSPITAL**

**ENTRY PATHWAYS AND REFERRAL GUIDELINES**



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## ABBREVIATIONS

<b>ABPI</b>	Ankle Brachial Pressure Index
<b>DFU</b>	Diabetic foot ulceration
<b>IDSA</b>	Infectious Diseases Society of America
<b>TP</b>	Toe pressure
<b>UHL</b>	University Hospitals Leicester
<b>VALS</b>	Vascular Limb Salvage



## 1. INTRODUCTION

This document outlines the entry pathways and referral guidelines for patients into the University Hospitals Leicester NHS Trust **V**ascular **L**imb **S**alvage (VALS) Clinic.

## 2. AIM OF THE CLINIC

- A) To provide a rapid access (***within 2 working days***) clinic/assessment unit (AU) with evidence-based assessment and treatment for patients with critical limb ischaemia.
- B) To provide a rapid access clinic/AU with evidence-based assessment and treatment for patients with diabetic foot ulceration (DFU) and concomitant peripheral arterial disease
- C) To reduce limb amputation rates, reduce delay to treatment, reduce length of stay, and ensure cost effective and appropriate use of hospital investigations and resources for this patient group.



### 3. ENTRY PATHWAYS AND REFERRAL GUIDELINES

#### 3.1 REFERRALS ACCEPTED FROM:

- A. University of Hospitals Leicester (UHL) Diabetic Foot clinics (DFC)
- B. Loco-regional (East Midlands) Diabetic Foot Clinics (DFC)
- C. Loco-regional (East Midlands) General Practitioners
- D. Loco-regional Podiatric teams
- E. UHL outpatient specialist clinics
- F. UHL Emergency Department (ED)

***Inpatient hospital referrals should be addressed to the***

***On-call Vascular Surgical Registrar at Glenfield Hospital:***

***Mobile: 07415 559612 (8am-4pm Mon-Fri)***

***or***

***UHL Switchboard Tel: 0300 303 1573 (any other time)***



## 3.2 REFERRAL CRITERIA FOR:

### 3.2.1) Referrals from diabetic foot clinics (3.1A & 3.2B)

#### 3.2.1.A) Patients with diabetes (**ABPI NOT available**) and one of:

- 1) Absence of **either** dorsalis pedis or posterior tibial pulse  
**& 1 of the following:**
  - a) Foot ulceration/Tissue loss/Gangrene  
**or**
  - b) Infected diabetic foot ulceration (IDSA Mild Infection severity<sub>1</sub>)  
**or**
  - c) Claudication distance  $\leq 50$  meters +/- ischaemic rest/night pain for  $>2$  weeks <sub>2</sub>
- 2) UHL DFU specialist concerned <sub>3</sub>

#### 3. 2.1.B) Patients with diabetes (**ABPI available**) and one of:

- 1) ABPI  $\leq 0.6$  or ABPI  $\geq 1.3$  (or Toe Pressure  $\leq 50$  mmHg)  
**& 1 of the following:**
  - a) Non-infected Foot ulceration/Tissue loss/Gangrene  
**or**
  - b) Infected diabetic foot ulceration (IDSA Mild Infection severity <sub>1</sub>)  
**or**
  - c) Claudication distance  $< 50$  meters +/- ischaemic rest/night pain for  $>2$  weeks <sub>2</sub>
- 2) Foot ulceration has failed to reduce in surface area by  $\geq 50\%$  following **4 weeks** of optimal wound care
- 3) UHL DFU specialist concerned <sub>3</sub>



*<sup>1</sup> Patients with IDSA moderate/severe infection (See appendix 1) should be referred directly to the on-call vascular surgeon irrespective of the presence or not of palpable foot pulses (see [emergency diabetes foot referral pathway](#))*

*<sup>2</sup> Patients with clinical evidence of acute limb ischaemia (acute pain, pallor, pulseless, perishingly cold, paraesthesia/acute sensory change, paralysis/acute motor dysfunction for  $\leq 2$  weeks) should be referred directly to the on-call vascular surgeon (See appendix 3)*

*<sup>3</sup> Any patient for whom a member of the UHL Diabetes foot team is concerned and requests an urgent vascular assessment will be automatically accepted.*



### 3.2.2) Referrals from General practitioners(3.1C) / Outpatient UHL specialists(3.1D) / UHL Emergency Dept. (3.1E)

#### 3.2.2.A) Patients *with diabetes* and one of:

- 1) Foot ulceration/Tissue loss/Gangrene

&

Absence of **either** dorsalis pedis or posterior tibial pulse in affected leg

+/-

IDSA mild infection <sup>1</sup>

- 2) Claudication distance  $\leq 50\text{m}$  or/and ischaemic rest/night pain for  $>2\text{weeks}$  <sup>2</sup>

&

Absence of **either** dorsalis pedis or posterior tibial pulse in affected leg

- 3) Clinician concerned <sup>3</sup>

***All other patients with diabetic foot ulceration should be referred [to the UHL diabetic foot service](#) according to agreed [pathway](#) (See appendix 2).***





### 3.2.2.B) Patients with critical limb ischaemia **without diabetes** and one of:

1) Ischaemic rest pain/night pain for >2weeks<sup>1</sup>

&

**No palpable** dorsalis pedis & posterior tibial pulse in affected leg

2) Tissue loss/Gangrene

&

**No palpable** dorsalis pedis & posterior tibial pulse in affected leg

3) Clinician concerned <sup>3</sup>

**All patients with claudication should be referred to UHL Vascular Surgery  
Service in standard fashion**

*<sup>1</sup> Patients with IDSA mild infection and ~~an absent ipsilateral foot pulse~~ (dorsalis pedis or posterior tibial pulse) are suitable for referral to the VaLS clinic but must be commenced on appropriate antibiotic therapy (see [UHL Antimicrobial guidelines for Diabetes foot infection](#)).*

*Patients with IDSA moderate/severe infection (See appendix 1) should be referred directly to the on-call vascular surgeon irrespective of the presence or not of palpable foot pulses (see [emergency diabetes foot referral pathway](#))*

*<sup>2</sup> Patients with clinical evidence of acute limb ischaemia (acute pain, pallor, pulseless, perishingly cold, paraesthesia/acute sensory change, paralysis/acute motor dysfunction for  $\leq 2$  weeks) should be referred directly to the on-call vascular surgeon (See appendix 3)*

*<sup>3</sup> Any patient for whom the treating clinician is concerned and requests a VALS assessment request will be automatically accepted.*



### 3.3) HOW TO REFER:

**Monday-Friday (9am – 4pm)**

#### 3.3.1) Hospital based referral:

The referring clinician is directed to:

- 1) Contact VaLS clinic coordinator tel: **07950888439** or **07950888394**  
**and**
- 2) Email the **VALS referral form** to [VascularVaLSreferral@uhl-tr.Nhs.Uk](mailto:VascularVaLSreferral@uhl-tr.Nhs.Uk)  
**or**  
Fax to **0116-2502386**

The VALS clinic coordinator will either provide the referral clinician a clinic time/date **or** contact the patient within 24 hours of referral being received to provide time/date of clinic appointment

***Patient or carer to call 0116-2588508 or 2588506 if no contact within 24 hours***



### 3.3.2) Community based referral:

The referring clinician is directed to:

1) **Via PRISM**

Email the **VALS referral form** to [UHO-tr.vascular.limbsalvage@nhs.net](mailto:UHO-tr.vascular.limbsalvage@nhs.net)

**or**

2) **Telephone referral**

Contact VaLS clinic coordinator tel: **07950888439** or **07950888394**

The VALS clinic coordinator will either provide the referral clinician a clinic time/date **or** contact the patient within 24 hours of referral being received to provide time/date of clinic appointment

**Referring doctor to advise patient or carer to call 0116 2588506 if no contact by midday next weekday (Mon-Fri)**



**Monday-Friday (before 9am and after 4pm), Saturday & Sunday & Public  
Holidays**

The referring clinician is directed to:

**1) Via PRISM**

Email the **VALS referral form** to [UHO-tr.vascular.limbsalvage@nhs.net](mailto:UHO-tr.vascular.limbsalvage@nhs.net)

or

**2) Telephone Referral**

Contact the on-call vascular surgical registrar at Glenfield Hospital

***On-call Vascular Surgical Registrar at Glenfield Hospital:***

***Mobile: 07415 559612 (8am-4pm Mon-Fri)***

or

***UHL Switchboard Tel: 0300 303 1573 (any other time)***

The VALS clinic coordinator will notify the patient of his/her appointment during the next standard (Monday-Friday) working day

**Referring doctor to advise patient or carer to call 0116 2588506 if no contact by  
midday next weekday (Mon-Fri)**



## Appendices

### 1. Infectious Diseases Society of America (IDSA) infection severity classification

- **Mild infection**

Presence of 2 or more manifestations of inflammation (purulence, or erythema, pain, tenderness, warmth or induration), but any cellulitis/erythema extends to  $\leq 2$ cm around the ulcer and infection is limited to the skin or superficial subcutaneous tissues; no other local complications or systemic illness.

- **Moderate infection**

As Mild Infection in a patient who is systemically well and metabolically stable but which has 1 or more of the following characteristics: cellulitis extending  $> 2$  cm, lymphangitic streaking, spread beneath the superficial fascia, deep tissue abscess, and involvement of muscle tendon, joint or bone.

- **Severe infection**

Infection in a patient with systemic toxicity or metabolic instability (e.g. fever, rigors, tachycardia, hypotension, confusion, vomiting, leucocytosis, severe hyperglycaemia)

### 2) [Diabetes Footcare Pathway](#) (click for link)

### 3) [Vascular Limb Salvage \(VALS\) clinic referral form](#) (see next page)



## WEEKDAY VASCULAR LIMB SALVAGE (VALS) CLINIC REFERRAL FORM

**Department of Vascular Surgery, Leicester Glenfield Hospital**

Please Fax to 0116-2502386 or E-mail E-mail: <a href="mailto:VascularValSreferral@uhl-tr.Nhs.Uk">VascularValSreferral@uhl-tr.Nhs.Uk</a>	Clinic Coordinator will contact patient directly
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<b>Patient name</b>	<b>GP Name</b>
<b>Address</b>	<b>Address</b>
<b>Postcode</b>	
<b>DOB</b>	
<b>Hospital/NHS No.</b>	<b>Postcode</b>
<b>Preferred Contact No (Mobile preferably)</b>	<b>Contact No</b>

1. This form is reviewed and updated regularly on the UHL website.
2. Admit patient as emergency if:
  - a. Clinical evidence of acute limb ischaemia (acute pain, pallor, pulseless, perishingly cold, paraesthesia/acute sensory change, paralysis/acute motor dysfunction for  $\leq 2$  weeks)
  - b. Patient has a IDSA moderate/severe diabetic foot ulcer infection (see below for classification)
3. If not on an antiplatelet or anticoagulation administer 300mg of aspirin PO STAT (if no contraindications) & 75mg aspirin ODS as an ongoing prescription until clinic review
4. Prescribe Simvastatin 40mg OD if not on a statin and no contraindication

### CLINICAL FEATURES

<b>Brief Description of Symptoms</b>			
<b>Provisional Diagnosis:</b>		<b>Leg affected: RIGHT / LEFT / BOTH</b>	
<b>Foot/leg Gangrene</b>	YES / NO	<b>ABPI</b>	Right =      Left =
<b>Foot/Leg Ulceration</b>	YES / NO	<b>Renal Failure:</b>	YES / NO <b>eGFR =</b>
<b>Rest/Night Pain</b>	YES / NO	<b>Metformin:</b>	YES / NO
<b>Risk factors</b>	Diabetes	Hypertension	Ischaemic Heart disease
(please circle)	Smoker/ex-smoker	Dyslipidaemia	Stroke/TIA

### REFERRER DETAILS

Name:.....	Job Title.....
Date: .....	Source of Referral: .....



**Patient or carer to call 0116-2588508 or 2588506 if no contact by midday next weekday (Mon-Fri)**