Provincial Lower Limb Ischemia Primary Care Clinical Pathway

This pathway is only for patients without palpable pedal pulses.

(i.e., *dorsalis pedis* AND *posterior tibial* pulses are absent)

1. Lower Limb Ischemia Suspected (any of the following):

- Trophic/Colour changes
- Claudication leg pain when walking
- Forefoot pain at rest
- Persistent slow-healing infections (> 2 weeks)
- History of Peripheral Arterial Disease (PAD) or PAD suspected

2. Red Flags

Acute Limb Ischemia

- Abrupt Motor/Sensory Loss

6 "P"s of Arterial Occlusion:

- ✓ Paralysis
- ✓ Pain
- ✓ Pallor
- ✓ Poikilothermia (cold limb)
- ✓ Pulselessness
- ✓ Paresthesia

Chronic Limb-Threatening Ischemia

- Tissue loss, skin ulceration or digital gangrene (all types of gangrene)
- Constant pain in foot at rest WITH confirmatory feature of Peripheral Arterial Disease (PAD)

Emergency Consultation
Call RAAPID or Call 911.

No Red Flags

Claudication Severity?

Mild or No Pain

- Intermittent claudication/pain managed
- Can continue with work/life activities

Incorporate a high index of suspicion for lower limb ischemia when PAD is likely present

Moderate/ Severe

- Pain unmanageable with walking but still resolves with rest
- Pain limits mobility (unable to walk >20m)
- Unable to work or engage in life activities
- ABI less than or equal to 0.40 (*If known)
- Absolute toe pressure less than 40 mmHg (*If known)

5. Do Not Delay Referral for Non-Invasive Vascular Lab Studies. If available in region, consider ordering ABI / TBI concurrent with referral.

See *Chronic Limb Threatening Ischemia* under the referral guideline tab for details

Initiate/continue aggressive management of cardiovascular risk factors during referral process.

3. Investigations

- Ankle Brachial Index (Refer if ABI ≤ 0.40) or
- Toe Pressure (Refer <40mmHg) if ABI not available

5. Refer to vascular surgery.
See ***Asymptomatic Peripheral Artery Disease or Intermittent Claudication*** under the referral guideline tab for details.

4. Management

- Assess and aggressively manage cardiovascular risk factors including prescribing statin, antihypertensive, and single antiplatelet medications
- Emphasize smoking cessation due to the disproportionate impact of smoking on claudication – see Tobacco and Nicotine Dependence Pathway
- Encourage exercise to promote vessel collateralization
- Coach patient to return with specific signs/symptoms (rest pain and non-healing wounds)
- Treat infections in limb with antibiotics as per Bugs & Drugs
- Consider dietitian support where available (see Alberta Referral Directory or have patient call 811 to speak to a dietician)
- Access regional foot care clinics as appropriate (see expanded details)

In patients with asymptomatic PAD or mild claudication symptoms and an ABI greater than 0.40, it is **highly unlikely** that the patient would be offered any surgical or endovascular intervention. Referral not generally indicated.

Changes to limb presentation during ongoing management?

Return to top of algorithm and reassess for referral triggers