fcms | PRIMARY CARE DONCASTER | NHS Doncaster Clinical Commissioning Group | NHS Rotherham Doncaster and South Humber NHS Foundation Trust | NHS Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

# Vascular Service - Peripheral Arterial Disease (PAD) /Chronic Limb-Threatening Ischemia Disease Referral Form

| Patient Details | | | |
|---|---|---|---|
| **Name:** | | **NHS number:** | |
| **Address:** | | **Date of Birth:** | |
| | | **GP details:** | |
| | | **Patient contact number:** | |
| **Post Code:** | | **Date of referral:** | |
| **Can the patient attend an outpatient department?** | Yes ☐ No ☐ | **Transport required?** | Yes ☐ No ☐ |

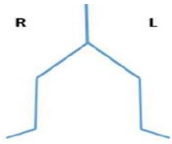
| | |
|---|---|
| **Past Medical History:** *(Including smoking history) (Patients GP history from sysym one can be attached).* | |
| **Medication:** *(Patients GP history from sysym one can be attached).* | **Allergies:** |

| | | | | | |
|---|---|---|---|---|---|
| **Have recent bloods been taken in the last 4 weeks (U + E, FBC)** | | Yes | | No | |
| **If No please ensure these are taken at the point of this referral being made** | | | | | |
| **Screening questions and reason for referral** | | | | | |
| **1** | Clinical evidence of **acute limb ischaemia** (acute pain, pallor, pulseless, perishingly cold, paraesthesia / acute sensory change, paralysis / acute motor dysfunction for <2 weeks). | Yes | | No | |
| **2** | Clinical evidence of severe infection / sepsis with systemic signs eg. tachycardia, pyrexia, hypotension or patient feeling unwell, or spreading cellulitis, crepitus or significant deterioration over a short period of time. | Yes | | No | |
| **If you answered Yes to either Question 1 or Question 2 the patient requires an EMERGENCY admission** | | | | | |
| **3** | Do you suspect poor arterial blood supply? | Yes | | No | |
| **4** | Do they have constant pain in the foot (typically relieved by dependence and worse at night)? | Yes | | No | |
| **5** | Do they have a non-healing wound of more than 2 weeks duration and / or gangrene on the foot? | Yes | | No | |
| **If you answered yes to Question 3 and either 4 or 5 the patient requires an URGENT referral to the Vascular Service** | | | | | |
| **STOP, THINK, is the patient you are considering referring for an urgent referral suitable for a vascular referral which might end in surgery? If unsure and you would like to discuss please contact the Vascular Service.** | | | | | |

| Essential information | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Already known to the Vascular Service?** | | | | | | | | Yes ☐ | No ☐ |
| **Risk factors** | | Yes | No | | Yes | No | | Yes | No |
| | Diabetes | | | Hypertension | | | Ischemic heart disease | | |
| | Smoker/ ex-smoker | | | Dyslipidemia | | | Stroke/TIA | | |

| **Symptoms** | Yes | No | Since | | Yes | No | Since |
|---|---|---|---|---|---|---|---|
| Constant pain in the foot | | | | Local signs of infection | | | |
| Foot pain waking patient from sleep at night | | | | Foot pulses are palpable | | | |
| Lower limb / foot ulceration or gangrene | | | | Capillary refill less than 3 seconds | | | |
| **Total distance able to walk before needing to stop, and reason for stopping:** | | | | | | | |

## Additional Information. *Do not delay referral if this section cannot be completed*




| | Presence | Absense |
|---|---|---|
| Left foot | | |
| Right foot | | |
| Left knee | | |
| Right knee | | |
| Left groin | | |
| Right groin | | |

Please mark the presence or absense of pulses with a + or -

Indicate the location of the ulcers:

| ABPI reading | Left: | | Right: | |
|---|---|---|---|---|
| Posterior tibial Waveform/Signal | Left: | | Right: | |
| Dorsalis pedis Waveform/Signal | Left: | | Right: | |

Is a photograph available and been sent with this referrals form? **Yes** ☐ **No** ☐

Any additional information:

| Referred details | | | |
|---|---|---|---|
| Name: | | Department/service: | |
| Role: | | Contact details: | |
| Date: | | Time: | |