

PERIPHERAL ARTERY DISEASE REFERRAL GUIDELINE

For more information or referral questions, contact your local vascular practice. For a complete listing, visit mainehealth.org/services/cardiovascular/service-locations

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SIGNS & SYMPTOMS

Signs of Critical Limb Ischemia (CLI):

- Non-healing wound on foot
- Dependent rubor (red foot while hanging down)
- Pain in foot at rest and/or with elevation

SUGGESTED PREVISIT WORKUP

ABI

Office visit within one week

Start aspirin/statin (even if normal cholesterol)

Smoking cessation

Referral to ED if signs of infection or concern for acute limb ischemia

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SIGNS & SYMPTOMS

Lifestyle Limiting Claudication

Pain in calf or thigh with ambulation that affects the patient's ability to perform common daily tasks

SUGGESTED WORKUP

ABI

Non-urgent referral to vascular surgery

Start aspirin/statin (even if normal cholesterol)

Generally diagnostic studies will be done in the office at the time of the consultation

Smoking cessation

LOW RISK

SUGGESTED ROUTINE CARE

SIGNS & SYMPTOMS

Claudication

Pain in calf or thigh with ambulation

SUGGESTED MANAGEMENT

ABI

Trial of cilostazol, supervised walking program

Start aspirin/statin (even if normal cholesterol)

Smoking cessation

CLINICAL PEARLS

- Cilostazol is contraindicated in patients with heart failure. Oftentimes, it takes 3 months to see the full effect of this medication.
- Most of the time, providers hesitate to offer interventions to patients with claudication who are still smoking as this will affect the patency of any intervention. Patients with critical limb ischemia will be intervened upon regardless of smoking status, but tobacco cessation is still extremely important.
- Patients with signs of critical limb ischemia are at high risk of needing an amputation if revascularization is not performed. Urgent referral is imperative for limb preservation.
- Acute limb ischemia is acute onset of motor or sensory deficits and requires urgent surgical intervention. These patients should be sent to the ED.

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