

# UW Medicine | VALLEY MEDICAL CENTER

## Ambulatory Care Pathway: Ischemic Foot Wound

Identify wound during patient visit

- Medical/Social history
- Wound assessment including photo uploaded to patients chart

Foot wound associated with systemic signs of severe infection, purulent drainage, > 2 cm cellulitis?

Yes

Refer to ED

No

Known or suspected PAD?

Yes

- gangrene of any toe or the foot
- heel wound
- wound proximal to a toe base/MTP
- superficial digital wounds involving 3 or more digits
- deep wound of the extremity with exposed bone, tendon, or joint
- erythema < 2 cm, swelling, or induration

- Urgent ABI + Reflex LEA
- Urgent Vascular Referral and Wound Clinic Referral (less than 1 week)

- shallow ulcer/s limited to < 3 digits
- no signs of acute soft tissue infection
- chronic venous stasis wound

Routine ABI + Reflex LEA

Routine Vascular Referral and Wound Clinic Referral

No

Uncomplicated healing wound?

Yes

No

Medial malleolar wound, circumferential distal calf pigmentation, varicosities, and/or leg swelling?

No

- Management by PCP
- Consider Referral to Wound Clinic

Yes

Obtain venous reflux duplex of the extremity

Results abnormal?

Yes

No

### Risk Factors for PAD

- Age  $\geq 65$  years
- Age 50-64 years, with additional risk factors for atherosclerosis (e.g. diabetes, h/o smoking, hyperlipidemia) or a family h/o PAD
- Age < 50 years, with diabetes mellitus and 1 additional risk factor for atherosclerosis
- Individuals with known atherosclerotic disease in another vascular bed (e.g., coronary, carotid, subclavian, renal, mesenteric, AAA)

### Referral Standards

- Routine: 2-4 weeks
- Urgent: within one week

Wound Clinic or Vascular Surgery Clinic will direct patients to Podiatry Clinic if podiatric surgery is needed.