COVID-19 SITUATION v1.3
Lower Limb Amputation Prevention Guidance

This pathway guidance has been developed by a collaborative group of expert clinicians in FDUK, to support all lower-limb clinicians during the COVID-19 situation in line with current best practice. The guidance is to assist the identification and management of people with critical/limb-threatening ischaemia or infection. The aim is to focus clinical assessment and decisions on urgent triage, referrals & access to High Risk Foot Podiatry, Hospital Vascular, Diabetes Foot, Infectious Diseases or Orthopaedic/ Podiatric Surgeon Teams, for potential life and limb-saving treatments.

**New onset severe foot pain or leg/foot ulcer, in any clinical setting**
Prior to patient assessment, follow local COVID-19 protocol

**Undertake assessment for critical or limb-threatening ischaemia/infection**

**Ischaemia:** Cardiovascular risks + foot pulses + leg or foot symptoms + Doppler signals + ankle/toe systolic pressures

**Infection:** Ulcer + depth + signs of infection + pulse rate + respiration rate + symptoms

### Non limb-threatening problems
- Leg or foot pain that is not due to severe infection or ischaemia
- Superficial leg/foot ulcers that show evidence of healing
- Asymptomatic peripheral arterial disease or intermittent claudication only
- Foot pulses non-palpable or monophasic on Doppler (asymptomatic)
- Mild foot or leg infections, with shallow ulcers & local erythema < 2cm from edge, + no signs of tracking or sepsis*
- Acute Charcot feet without infection (to be completely rested/offloaded)

To be treated, monitored or advised by appropriately skilled lower limb clinicians or GPs, using local infection, wound care and pain management guidelines or protocols where available

### Limb-threatening infection or sepsis
- Deteriorating/tracking infection, especially with ulcer depth to bone or critical limb ischaemia
- Spreading cellulitis in foot or leg e.g. redness, swelling, pus heat, pain or black disolouration without sepsis, or with sepsis* indicated by:
  - Pulse rate < 50 or > 90 BPM
  - Respiration rate < 11 or > 20
  - Flu-like symptoms
  - Confused/unresponsive/ drowsy
  (These features could also be caused by COVID-19 infection)

If deteriorates and develops key indications of limb-threatening infection or sepsis or critical limb ischaemia

Discuss these limb-threatening emergencies urgently with either: High Risk Foot Podiatry, Hospital Vascular, Diabetes Foot, Infectious Diseases or Orthopaedic/Podiatric Surgeon Multi-Disciplinary Teams, according to local availability

If the clinical situation appears acutely life or limb-threatening with ischaemia, contact the Vascular Team or the on-call Vascular/Surgical Team immediately to discuss

If sepsis is suspected, send patient immediately to local hospital emergency department (sepsis could be foot related, but alternatively be due to COVID-19)

* symptoms or signs may be subdued and some could be absent, if patient has diabetes

### Critical limb ischaemia
- Foot pulses not palpable/absent
- Doppler signals monophasic/absent
- Buerger’s sign – foot goes pale on elevation + goes red when hung down
- Ankle systolic < 50mmHg
- Toe systolic < 30 mmHg

PLUS any of the following
- Ischaemic rest pain in toes/feet for more than 2 weeks*
- New gangrene or necrosis

**Acute limb ischaemia**
Sudden onset cold, pale, pulseless, painful limb, especially if also developing paresthesia or paralysis

* symptoms or signs may be subdued and some could be absent, if patient has diabetes

### Important Multi-Disciplinary Team Contact Numbers, for support with triage and amputation prevention

- High Risk Foot Podiatry:
- Vascular:
- Diabetes Foot:
- Infectious Diseases:
- Orthopaedic / Podiatric Surgeon:

Published Lower Limb Guideline sources:

March 2020