

# 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

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

### 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 discolouration
- 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)

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)

### 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:

NICE CG 147 - Peripheral arterial Disease: diagnosis and management, NICE NG 19 - Diabetic Foot Problems: prevention and management, SIGN 119 - Management of Diabetes, IWGDF Guidelines - International Working Group on the Diabetic Foot