

Vascular Assessment Tool

Name: _____
 Hospital Number/Pt identification Number: _____
 Date of Birth: _____
 Date of assessment: _____

Risk factors (smoking status): _____

Medications: _____

Medical history (diabetes, cardiac status, previous cancer, DVT, CVA, hypertension, hyperlipidaemia): _____

Surgical history (intervention for the arteries or veins): _____

Signs and Symptoms	Yes	No
Muscle pain on mild exertion, such as walking, and is relieved by a short period of rest		
Sense of fatigue in the calf muscle which occurs during exercise		
Calf – Foot/great toe rest pain		
Inability to lie in bed and need to hang leg out/sleeping in chair		
Motor – sensory deficit		
Numbness/neuropathy		
Colour changes e.g. White, pale, dusky especially on elevation		
Skin changes e.g. toe ulceration		
Nails – hair changes e.g. atrophic nail changes		
Pulselessness		
Delayed capillary refill		
Temperature gradient in limb e.g. cooler at extremities?		

	Right				Left			
	P	M	B	T	P	M	B	T
Dorsalis Pedis or Anterior Tibial artery								
Posterior Tibial artery								
Other (e.g. peroneal artery)								

(P=Palpable pulse, M=Monophasic, B=Biphasic, T=Triphasic signals)

If you have concerns regarding the arterial status of the patient referral to a vascular clinic/department should be made.

Referral to vascular department required	yes	no
Referral completed	yes	Date: _____

Signed: _____ Date: _____

Date of review: _____

Recommendation	Rationale
The arterial/vascular status of the legs of all patients with lower limb oedema or lymphoedema should be assessed	The presence of peripheral vascular disease may contraindicate compression therapy or necessitate a reduction in the level of therapy used (Lymphoedema Framework 2006)
Vascular status will be determined primarily through: 1. A detailed history of the presenting complaint including night time rest pain and intermittent claudication 2. A clinical examination of the feet and lower limbs	An ABPI is commonly thought to provide an objective measure of vessel patency by measuring the ratio systolic blood pressure at the ankle to that of the arm with a value of 1 – 1.4 deemed normal. Literature suggests that the value of an ABPI is limited in people with lymphoedema due to the presence of hyperkeratosis, tissue thickening and oedema. Some of these issues can be addressed through the use of a larger blood pressure cuff and a 4 or 5 MHz probe. However, some patients cannot tolerate this investigation and some readings will be inaccurate. In these situations practitioners need to rely on information obtained from a detailed history of the presenting complaint and the clinical examination. The handheld Doppler may enable the practitioner to hear and assess foot signals. If there is any doubt about the patient's peripheral arterial status, a vascular opinion should be sought.
Documentation and effective communication must be provided to all health care professionals involved in the ongoing management of the patient with lymphoedema: which demonstrates the clinical assessment and rationale for not completing an ABPI	Many practitioners are unaware of the limitations of a handheld Doppler in determining the arterial status of people with oedema or lymphoedema. They may therefore be reluctant to apply compression therapy without an ABPI as this investigation is cited as good practice in many documents, e.g. the National Institute for Clinical Excellence (NICE). It is therefore important to explain and record why it was not possible or necessary to carry out this investigation

Insert clinic location and date:

Insert patient details:

Dear colleague

X patient requires compression therapy. Unfortunately, it was not possible to calculate the Ankle Brachial Pressure Index due to:

Please tick all that apply:

Oedema/lymphoedema	<input type="checkbox"/>	Ulceration	<input type="checkbox"/>
Pain	<input type="checkbox"/>	Tissue thickening	<input type="checkbox"/>
AF	<input type="checkbox"/>	Calcified vessels	<input type="checkbox"/>
Hyperkeratosis	<input type="checkbox"/>	Cellulitis	<input type="checkbox"/>
Other please explain:			

I do not, however, feel that they have any evidence of significant arterial disease due to:

Please tick all that apply

Absence of night pain	<input type="checkbox"/>	Absence of rest pain	<input type="checkbox"/>
Brisk capillary refill (< than 3 seconds)	<input type="checkbox"/>	Absence of intermittent claudication	<input type="checkbox"/>
Quality of foot pulses see below	<input type="checkbox"/>	Foot perfusion and temperature	<input type="checkbox"/>

	Right				Left			
	P	M	B	T	P	M	B	T
Dorsalis Pedis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posterior Tibial artery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(P=Palpable pulse, M=Monophasic, B=Biphasic, T=Triphasic signals)

Further instructions re care plan:

Kindest regards

Name and signature