COVID-19 SITUATION
Lower-Limb Amputation Prevention Guidance V2.0

This pathway guidance has been developed by a collaborative group of expert clinicians in FDUK, to support all lower-limb clinicians during the ongoing COVID-19 situation, in line with current best practice. The guidance is designed to assist the identification and management of people with limb- & life-threatening ischaemia or infection, with or without diabetes. The aim is to focus initial clinical assessments/reviews and clinical decisions on the need for urgent triage, referrals & access to multidisciplinary, high-risk lower-limb teams, depending on local availability, for potential life-and limb-saving treatments.

- With new onset severe foot pain or leg/foot ulcer, in any clinical setting
- Follow the local COVID-19 protocol prior to patient assessment
- Include assessment for limb-threatening or critical infection/ischaemia

**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 (no wounds)
- Foot pulses non-palpable or monophasic on Doppler (no wounds & asymptomatic*)
- Mild foot or leg infections, with shallow ulcers & local erythema <2cm from edge, + no signs of tracking or sepsis*
- Stable Charcot (under MDT) or high-risk foot, without wounds or infection

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

Seek specialist advice/guidance for any non-healing or deteriorating wounds or acute/unstable Charcot Foot

If the person deteriorates and develops key indicators of limb-threatening infection or sepsis or ischaemia, **take timely action**

### Limb-threatening infection* or sepsis*

- Deteriorating/tracking infection, especially with ulcer depth to bone or present in Charcot Foot or chronic limb-threatening or critical limb ischaemia
- Spreading cellulitis in foot or leg e.g. redness, swelling, pus heat, pain or black discoloration 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 clinical features could also be caused by COVID-19 infection)

Discuss these limb-threatening emergencies urgently with multidisciplinary teams, according to local availability, e.g.: High Risk Foot Podiatry, Hospital Vascular, Diabetes Foot, Infectious Diseases/Microbiology or Orthopaedic/Pediatric Surgeon

If the clinical situation appears acutely life- or limb-threatening with ischaemia, contact the local 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*
- New wound, gangrene or necrosis

### Acute limb ischaemia

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

### Important local multidisciplinary team contact details, for support with triage and amputation prevention

- High-Risk Foot Podiatry:
- Vascular Surgery:
- Diabetes Foot:
- Infectious Diseases/Microbiology:
- Orthopaedic/Pediatric Surgery:

**Published Lower Limb Guideline sources:**

V2.0 revised by FDUK Committee Working Group. July 2021