Acute Limb Ischaemia - Clinician Questionnaire

A. Introduction

What is this study about?

To explore current care pathways for patients with acute limb ischaemia (ALI); identify remediable clinical and organisational factors that can improve the delivery and quality of the required care.

Inclusions

Patients aged 18 or over who were admitted to hospital between 1st January 2023 and 31st March 2023 and diagnosed with Acute Limb Ischaemia (ALI). Patients with Chronic Limb Ischaemia (CLI) without Acute Limb Ischaemia, Acute Limb Ischaemia from Trauma, or latrogenic causes of Acute Limb Ischaemia are not included.

Definitions

A list of definitions can be found here: https://www.ncepod.org.uk/pdf/ALI/Definitions.pdf

"Hub" Hospital: A specialist vascular centre. This is an acute hospital that performs vascular procedures. This may also be referred to as an arterial hub/centre or vascular centre.

"Spoke" Hospital: An acute hospital that does not perform vascular procedures. Acute limb ischaemia patients would be transferred from here to a Hub Hospital for treatment.

Who should complete this questionnaire?

This questionnaire should be completed by the named consultant, or the most appropriate clinician, responsible for the patients care when they were treated for Acute Limb Ischaemia (ALI).

Impact of NCEPOD

Recommendations from NCEPOD reports have had an impact on many areas of healthcare including:

Development of the NICE 'Acutely ill patients in hospital guideline' (CG50) - following publication of the 2005 'An Acute Problem' report.

Appointment of a National Clinical Director for Trauma Care- following publication of 'Trauma: Who Cares?' 2007.

Development of NICE Clinical Guidelines for Acute Kidney Injury, published in 2013 - 'Adding Insult to Injury' 2009.

Development of ICS Standards for the care of adult patients with a temporary Tracheostomy, published 2014 - 'On the right trach?' 2014.

Development of guidelines from the British Society of Gastroenterology: diagnosis and Management of acute lower gastrointestinal bleeding, published 2019 - 'Time to Get Control' 2015.

Development of the British Thoracic Society's Quality Standards for NIV, published 2018 - 'Inspiring Change' 2017.

Questions or help

Further information regarding this study can be found here: https://www.ncepod.org.uk/ali.html

If you have any queries about this study or this questionnaire, please contact: ali@ncepod.org.uk or telephone 0207 251 9060.

About NCEPOD

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reviews healthcare practice by undertaking confidential studies, and make recommendations to improve the quality of the delivery of care for healthcare professionals and policymakers to implement. Data to inform the studies are collected from NHS hospitals and Independent sector hospitals across England, Wales, Northern Ireland and the Offshore Islands. NCEPOD are supported by a wide range of bodies and the Steering Group consists of members from the Medical Royal Colleges and Specialist Associations, as well as observers from The Coroners Society of England and Wales, and the Healthcare Quality Improvement Partnership (HQIP).

This study was commissioned by The Healthcare Quality Improvement Partnership (HQIP) as

part of the Clinical Outcome Review Programme into Medical	& Surgical care.

B. Patient Details

*Please see definitions had acute limb ischael		dy the patient must be	18 years or over and have
- D			
a. Presenting limb: Answers may be multi	ple. Please select all that a	pply.	
☐ Right leg	Left leg	☐ Right arm	Left arm
b. How long prior to ac	 Imission to the "hub" ho	spital was the onset	of symptoms?
C Less than 1 hour) >3-6 hours) >6-12 hours
O >12-24 hours	O >1-2 days	O >3-4 days	O >5-7 days
O >1-2 weeks	More than 2 weeks		
If not listed above, ple	ase specify here		
·	-		
a. Age at time of admi	ssion to "hub" hospital:	Years	
a. Age at time of admis		Years Unknown	
Value should be no more that		Years Unknown	
Value should be no more that		Years Unknown	
Value should be no more that b. Sex: Male	an 125		
Value should be no more that b. Sex:	O Female		
Value should be no more that b. Sex: Male	Female		
b. Sex: Male C. Ethnicity: White British/White Black/African/Carib	Female - other bean/Black British (Indian, Pakistani, Banglad	Other	
Value should be no more that b. Sex:	Female - other bean/Black British (Indian, Pakistani, Banglad	Other	
b. Sex:	Female - other bean/Black British (Indian, Pakistani, Banglad	Other	
b. Sex: Male White British/White Black/African/Carib Asian/Asian British Mixed/Multiple eth	Female - other bean/Black British (Indian, Pakistani, Banglad	Other	
b. Sex:	Female - other bean/Black British (Indian, Pakistani, Banglad	Other Jeshi, Chinese, other As	
b. Sex: Male c. Ethnicity: White British/White Black/African/Carib Asian/Asian British Mixed/Multiple eth Other ethnic group Unknown	Female - other bean/Black British (Indian, Pakistani, Banglad nic groups	Other Jeshi, Chinese, other As	sian)
Value should be no more that b. Sex: Male c. Ethnicity: Black/African/Carib Asian/Asian British Mixed/Multiple eth Other ethnic group Unknown	Female - other bean/Black British (Indian, Pakistani, Banglad	Other Jeshi, Chinese, other As	
b. Sex:	Female - other Obean/Black British (Indian, Pakistani, Banglad nic groups	Other Jeshi, Chinese, other As	sian)
b. Sex: Male c. Ethnicity: White British/White Black/African/Carib Asian/Asian British Mixed/Multiple eth Other ethnic group Unknown 4. What was the patien	Female - other Obean/Black British (Indian, Pakistani, Banglad nic groups	Other Jeshi, Chinese, other As	sian)
b. Sex: Male c. Ethnicity: White British/White Black/African/Carib Asian/Asian British Mixed/Multiple eth Other ethnic group Unknown 4. What was the patien Own home Unknown	Female - other Obean/Black British (Indian, Pakistani, Banglad nic groups	Other Jeshi, Chinese, other As	sian)
b. Sex:	Female - other Obean/Black British (Indian, Pakistani, Banglad nic groups - other - Other Obean/Black British - Other December British - Other	Other Jeshi, Chinese, other Assence? Nursing home	sian)
b. Sex:	Female - other Obean/Black British (Indian, Pakistani, Banglad nic groups - other Obean/Black British O Residential home	Other Jeshi, Chinese, other Assence? Nursing home	sian)

https://www.englar		•	- ·
1. Very Fit4. Vulnerable7. Severely Fra	il	2. Well5. Mildly Frail8. Very Severely Frail	3. Managing Well6. Moderately Frail9.Terminally III
O Unable to ascer	rtain		
		nmunication difficulties?	
-	ultiple. Pleas	e select all that apply.	
Language	11.1	Hearing difficulties	Learning disability
Learning difficult	ilties	☐ None	Visual disability
☐ Unknown			
☐ Unknown Please specify any	additional op	tions here	
_	additional op	tions here	
Please specify any			
Please specify any a. Did the patient h	ave the cap	acity to consent to treatm	
Please specify any a. Did the patient h Yes	ave the cap	eacity to consent to treatme	
Please specify any a. Did the patient h Yes	ave the cap No to [8a] the	eacity to consent to treatmo	
Please specify any a. Did the patient h Yes b. If answered "No"	ave the cap No to [8a] the	oacity to consent to treatmo Unknown: ocate?	vn
Please specify any a. Did the patient h O Yes b. If answered "No" Did they have a p	ave the cap No to [8a] the patient advo	oacity to consent to treatmonth of the consent to the c	vn

C. Limb Ischaemia Risk Factors & Comorbidities

Risk Factors

	e. Please select all that	the patient have at the time of presentation t apply. This list comprises of the Charlson morbidities.	1?
 None Atrial Fibrillation Bronchiectasis Chronic liver disease Cancer (metastatic) Congestive cardiac forms 	ailure Pulmonary Disease (CO kidney disease	 □ Acquired immunodeficiency syndrome (A □ Other arrhythmia □ Coronary artery disease □ Cancer (localised) □ Connective tissue disease 	IIDS)
Please specify any additi	onal options here		
2. Which of the following Answers may be multiple Dual anti-platelet Anti-hypertensives Warfarin Other anticoagulants Hormone Replaceme None Please specify any additi	e. Please select all that	he patient taking at the time of presentation to apply. Single anti-platelet Lipid-lowering drugs Direct Oral Anticoagulants (DOAC) Oral Contraceptive Pill (OCP) Tranexamic acid Unknown	n?
3. Please select the best presentation:		atient's smoking/ vaping history at the time	e of
O Current smoker O Never smoked If not listed above, pleas	Ex-smoker e specify here	○ Current vaper ○ Ex-vaper	
4. Did the patient have a	history of alcohol m	misuse at the time of presentation? O Unknown	
5. Was there a history of Yes	F IV drug usage (IVD)	U) at time of presentation? O Unknown	

O Yes O N	0	O Unknown	
Past Medical History			
a. Has this patient previously Answers may be multiple. Plea			
☐ No previous amputation☐ Right arm	☐ Right le ☐ Left arr	=	☐ Left leg ☐ Unknown
Please specify any additional o	ptions here		
b. If answered "Right leg" to [Type of right leg/foot ampu			
Above knee amputationTransmetatarsal amputation	_	knee amputation	O Digital amputation
If not listed above, please spec	cify here		
c. If answered "Left leg" to [7 Type of left leg/foot amput			
Above knee amputationTransmetatarsal amputation		knee amputation	O Digital amputation
If not listed above, please spec	cify here		
d. If answered "Right arm" to Type of right arm/hand am			
O Above elbow amputation	O Below	elbow amputation	O Digital amputation
If not listed above, please spec	cify here		
e. If answered "Left arm" to [Type of left arm/hand ampu	_		
Above elbow amputation		elbow amputation	O Digital amputation
If not listed above, please spec	cify here		
a. Has this patient previously	had surgica	l or endovascular t	treatment in the presenting
limb?			

8b.	Ple	answered "Yes" to ease give details o swers may be multip	f previous su			reatment in presenting limb:
		Percutaneous cathe Surgical: Fogarty/ b Thrombolysis Surgical thromboer Angioplasty	ypass	nrombolytic t	herapy	
	_	Femoral endartered	-			
		IR mechanical through Stent/ Stent grafts Hybrid mechanical Unknown	•	arty / over th	e wire embolec	ctomy/ thrombectomy)
	Ple	ease specify any add	itional options	here		
9a.		s this patient prev her (non-presentir		ny surgical	or endovascu	lar treatment in any of their
	0	Yes	O No		O Unknown	
9b.	Ple	answered "Yes" to ease give details o esenting) limb:		rgical or en	dovascular tr	eatment in the other (non-
		-	nbolectomy ctomy mbectomy			ctomy/ thrombectomy)
	Ple	Unknown case specify any add	itional options	here		
10a	_	-		suspected in		e presenting limb?
10b	.lf a	Yes answered "Yes" to nat type of infection			O Unknown	
		swers may be multip	ole. Please sele	ect all that ap	ply.	
		Infected bypass gra	aft 🔲 I	Infected sten	t / stent graft	Unknown
	Ple	ase specify any add	itional options	here		
11a.	Dic	d the patient have	a history of	aneurvsmal	disease in th	e presenting limb?
		Yes	O No	•	O Unknown	-

☐ Aortic	☐ Iliac	☐ Femoral	Popliteal
Please specify a	ny additional options here	.	
	prior condition of the public he onset of acute limb isc.		veeks before presentation and
Asymptomat	tic	Intermittent Cl	
☐ Rest pain		Tissue loss / ga	angrene / ulceration
Please specify a	ny additional options here	2	
For how many presentation?	weeks had the patient	experienced these symp	otoms at the time of
presentation?	nt had a past episode o	of acute limb ischaemia (ALI)?
presentation?	nt had a past episode o		ALI)?
a.Has this patien This is outside o Yes b.If answered "Y	nt had a past episode of the current presentation	of acute limb ischaemia (n i.e. more than two weeks l	ALI)?
a.Has this patien This is outside o Yes b.If answered "Y	nt had a past episode of the current presentation No [es" to [13a] then:	of acute limb ischaemia (n i.e. more than two weeks i Unknown	ALI)?
a. Has this patien This is outside of Yes b. If answered "Y When did they co. If answered "Y	nt had a past episode of the current presentation No Yes" to [13a] then: Yes" to [13a] then:	of acute limb ischaemia (n i.e. more than two weeks i Unknown	ALI)? before
a. Has this patien This is outside of Yes b. If answered "Y When did they co. If answered "Y	nt had a past episode of the current presentation No [es" to [13a] then: experience this?	of acute limb ischaemia (n i.e. more than two weeks i Unknown	ALI)? before
a. Has this patien This is outside of Yes b. If answered "Y When did they co. If answered "Y	nt had a past episode of the current presentation No Yes" to [13a] then: Yes" to [13a] then:	of acute limb ischaemia (n i.e. more than two weeks i Unknown	ALI)? before
a. Has this patien This is outside of Yes b. If answered "Y When did they co. If answered "Y	nt had a past episode of the current presentation No Yes" to [13a] then: Yes" to [13a] then:	of acute limb ischaemia (n i.e. more than two weeks i Unknown	ALI)? before
a. Has this patien This is outside of Yes b. If answered "Y When did they co. If answered "Y	nt had a past episode of the current presentation No Yes" to [13a] then: Yes" to [13a] then:	of acute limb ischaemia (n i.e. more than two weeks i Unknown	ALI)? before
a. Has this patien This is outside of Yes b. If answered "Y When did they co. If answered "Y	nt had a past episode of the current presentation No Yes" to [13a] then: Yes" to [13a] then:	of acute limb ischaemia (n i.e. more than two weeks i Unknown	ALI)? before
a. Has this patien This is outside of Yes b. If answered "Y When did they co. If answered "Y	nt had a past episode of the current presentation No Yes" to [13a] then: Yes" to [13a] then:	of acute limb ischaemia (n i.e. more than two weeks i Unknown	ALI)? before

D. Care Prior to Hospital Presentation

Care prior to presentation of the patient to the "hub" hospital / vascular centre (if admitted directly) or to the "spoke" hospital (if they were then transferred to "hub" hospital for treatment).

admission, was		tion of ALI that resulted in the hospital (index) ven advice by any healthcare professionals in relation
O Yes	○ No	O Unknown
	es" to [1] then: ollowing did the patier multiple. Please select a	
Ambulance a Other ambula Podiatry clini	Department attendance ttendance (blue light am ance attendance c attendance	Vascular surgery clinic attendanceOther outpatient clinic attendance
Please specify ar	ny additional options here	e
Date and time	P / Primary Care" to [2 of GP / Primary Care c n, please just include dat	contact:
		Unknown
Date and time	HS 111" to [2a] then: of NHS 111 contact: please just include date	•
		Unknown
Date and time	ther ambulance attendof other ambulance at please just include date	ttendance:
		☐ Unknown
Date and time		(blue light ambulance to ED)" to [2a] then: ince (blue light ambulance to ED):
		Unknown
Date and time		(not taken to ED)" to [2a] then: ince (not taken to ED):
		Unknown
Date and time of This refers to any	of ED attendance:	t attendance" to [2a] then: the ED attendance that led to the index admission. If time
		Unknown
Date and time	ascular surgery clinic of vascular surgery cli please just include date	
		Unknown

		Unknown
	Other outpatient clinic of other outpatient cl	attendance" to [2a] then: linic attendance
		☐ Not Applicable ☐ Unknown
	fes" to [1] then: outcome of these atte	ndances?
	fes" to [1] then: ny known delays in this	s patient seeking help for their condition?
O Yes	O No	O Unknown
	fes" to [5a] and "Yes" etails of delays:	to [1] then:
Please give de		

E. Attendance at "Spoke" Hospital

1.	. Mode of prese	ntation:		
	•		sferred to vascular centre / "hub" hospital for treatn	nent
		rectly at vascular centre / "h	·	
			n in relation to presentation at the spoke hos poke" hospital, please skip to next section.	pital. If
Ar	mbulance			
3a.	hospital for tre	Presented at "spoke" hospeatment" to [1] then: nt transferred to hospital	bital, then transferred to vascular centre / "hu	b"
	O Yes	O No	O Unknown	
3b.		es" to [3a] then: ambulance requested?		
			Unknown	
4.		es" to [3a] then: nb Ischaemia' mentioned	on the patient report form (PRF)?	
	O Yes	O No	O Unknown	
	hospital for tre	resented at "spoke" hospeatment" to [1] then:	oital, then transferred to vascular centre / "hu	b "
	Date and time	of arrival in hospital:		
			Unknown	
7.	hospital for tre	resented at "spoke" hosp eatment" to [1] then: first seen by a healthcar	oital, then transferred to vascular centre / "hu	b"
			Unknown	
CI	inical assessme	ent at presentation		
8a.	hospital for tre	resented at "spoke" hosp eatment" to [1] then: of initial assessment:	oital, then transferred to vascular centre / "hu	b"
			Unknown	

ent" to [1] then: undertaking the intention of the intent	ospital, then tra	nsferred to	vascular centre / "hub"
ease specify here nted at "spoke" hoent" to [1] then: undertaking the interesting of the content of the con	ospital, then tra	nsferred to	
ease specify here nted at "spoke" hoent" to [1] then: undertaking the interesting of the content of the con	ospital, then tra	nsferred to	
ease specify here nted at "spoke" ho ent" to [1] then: undertaking the in tine O Vascular sur ease specify here nted at "spoke" ho	nitial assessme	nt:	
nted at "spoke" hoent" to [1] then: undertaking the interest of the control of th	nitial assessme	nt:	
nted at "spoke" hoent" to [1] then: undertaking the interest of the control of th	nitial assessme	nt:	
nted at "spoke" hoent" to [1] then: undertaking the interest of the control of th	nitial assessme	nt:	
ent" to [1] then: undertaking the intention of the intent	nitial assessme	nt:	
ease specify here nted at "spoke" ho	gery O Criti	cal care	O Unknown
nted at "spoke" ho			
ent" to [1] then: rst senior emergei Please see definition	ncy medicine re	view:	vascular centre / "hub" elect not applicable.
		Not Appli	cable 🗌 Unknown
ent" to [1] then: s there a delay in	presentation to	hospital?	
•	O Unki	nown	
ent" to [1] then:	-	nsferred to	vascular centre / "hub"
ere recorded at p	escinationi		
ere recorded at pi		□ P	araesthesia
☐ Pallo		_	araesthesia Inknown
	ent" to [1] then: is there a delay in No io [10a] then: : nted at "spoke" ho ent" to [1] then:	ent" to [1] then: s there a delay in presentation to No Unkr to [10a] then: there a delay in presentation to the control of the control	nted at "spoke" hospital, then transferred to ent" to [1] then: is there a delay in presentation to hospital? O No O Unknown to [10a] then: : nted at "spoke" hospital, then transferred to ent" to [1] then:

8b. If answered "Presented at "spoke" hospital, then transferred to vascular centre / "hub"

				Hales s		
			U	Unknown		
3. If answered "Pres hospital for treat Which of the follo Answers may be mu	ment" to [1 wing were] then: recorded for the	e presentin		ascular centre / ˈ	"hub"
Limb pulses Compartment S	,	Limb power None of thes		☐ Sei	nsation	
Please specify any a	additional op	tions here				
4. If answered "Limb On palpation, whi			nt?			
☐ Absent ☐ One distal pulse ☐ Brachial	-	Femoral only Two distal p	y	_	moral and poplitea dial	I
Please specify any a	additional op	tions here				
5. If answered "Limb Was a Doppler as						
		carried out?	Unknow	'n		
	No O power" to	arried out?	○ Unknow	'n		
Was a Doppler as Yes 6. If answered "Limb	o power" to	arried out?	Unknow	/n	O 4	
Was a Doppler as Yes 6. If answered "Limb What was the pow	power" tower on a sc O No Seation" to [t Recorded		/n	O 4	
Was a Doppler as Yes 6. If answered "Limb What was the pow 1 5 7. If answered "Sens	power" tower on a sc O No Seation" to [iarried out? [13] then: ale of 1 to 5? t Recorded 13] then: d as?		'n	O 4	
Was a Doppler as Yes 6. If answered "Limb What was the pow 1 5 7. If answered "Sens What was sensati	power" to ever on a score on recorde	t Recorded 13] then: t Recorded 13] then: d as?	O 3	'n		
Was a Doppler as Yes 6. If answered "Limb What was the pow 1 5 7. If answered "Sens What was sensati Normal	power" to ever on a score on recorde	t Recorded 13] then: t Recorded 13] then: d as?	O 3	'n		
Was a Doppler as Yes 6. If answered "Limb What was the pow 1 5 7. If answered "Sens What was sensati Normal	power" to power to power on a score on a score on a score on a score on recorde on recorde on recorde on recorde on recorde on a score on a score on a score on recorde on recor	t Recorded 13] then: d as? ered fy here spoke" hospital,] then:	O 3 O Absent	ferred to v	O Unknown	
Was a Doppler as Yes 6. If answered "Limb What was the pow 1 5 7. If answered "Sens What was sensati Normal If not listed above, powered to the power of the p	power" to power to power on a score on a score on a score on a score on recorde on recorde on recorde on recorde on recorde on a score on a score on a score on recorde on recor	t Recorded 13] then: d as? ered fy here spoke" hospital,] then:	O Absent then transfal diagnosis	ferred to v	O Unknown	n to

hospital for trea Was a Rutherfor	esented at "spoke" hospitantment" to [1] then: rd classification recorded? rions or: https://angiologist.com		
O Yes	O No	O Unknown	
b.If answered "Ye What was the R	s" to [19a] then: utherford classification?		
ΟI	O IIa	O IIp	O III
If not listed above	, please specify here		
nvestigations			
hospital for trea	esented at "spoke" hospita ntment" to [1] then: ardiogram (ECG) performe		vascular centre / "hub"
O Yes	O No	Unknown	
b.If answered "Ye What was the h			
Regular	Atrial Fibrillation	Other arrhythmia	unknown
If not listed above	, please specify here		
	t Unknown her relevant" to [21a] then which other relevant bloods		_
hospital for trea Which of the fol Answers may be i	esented at "spoke" hospita atment" to [1] then: lowing investigations were multiple. Please select all that	e carried out? apply.	
☐ Arterial ultrase☐ Venous ultrase	_	gram (CTA) 🔲 🛚	MR arteriogram (MRA)
Please specify any	y additional options here		
	terial ultrasound" to [22a] rterial ultrasound was requ		
	terial ultrasound" to [22a] rterial ultrasound was peri		1
pate and time d	nteriai uitrasounu was peri	Unknowr	n
2d.If answered "CT Date and time C	arteriogram (CTA)" to [22a TA requested:	a] then:	
		☐ Unknowr	1

If answered "CT. Date and time (
		Unknown
	R arteriogram (MRA) MRA requested:)" to [22a] then:
		Unknown
	R arteriogram (MRA) MRA performed:)" to [22a] then:
		Unknown
	enous ultrasound for venous ultrasound fo	DVT" to [22a] then: or DVT performed:
		Unknown
		DVT" to [22a] then: or DVT was requested:
		Unknown
If answered to		
Date and time of	other investigation p	performed:
		Unknown
If answered "Pr	esented at "spoke" atment" to [1] then:	hospital, then transferred to vascular centre / "hub"
If answered "Pr	esented at "spoke" atment" to [1] then:	hospital, then transferred to vascular centre / "hub"
If answered "Pr hospital for trea Was there a dis O Yes	resented at "spoke" atment" to [1] then: scussion with a speci	hospital, then transferred to vascular centre / "hub" ialist at the vascular "hub" hospital prior to referral? Unknown
If answered "Pr hospital for trea Was there a dis O Yes	resented at "spoke" atment" to [1] then: cussion with a speci No es" to [24a] then:	hospital, then transferred to vascular centre / "hub" ialist at the vascular "hub" hospital prior to referral? Unknown
If answered "Pr hospital for trea Was there a dis O Yes If answered "Ye	resented at "spoke" atment" to [1] then: cussion with a speci No es" to [24a] then:	hospital, then transferred to vascular centre / "hub" ialist at the vascular "hub" hospital prior to referral? Unknown linical assessment:
If answered "Pr hospital for trea Was there a dis O Yes If answered "Yes Date and time of If answered "Pr hospital for trea	resented at "spoke" atment" to [1] then: cussion with a speci No es" to [24a] then: of senior specialist c resented at "spoke" atment" to [1] then:	hospital, then transferred to vascular centre / "hub" ialist at the vascular "hub" hospital prior to referral? Unknown Unknown Unknown
If answered "Pr hospital for trea Was there a dis O Yes If answered "Yes Date and time of If answered "Pr hospital for trea	resented at "spoke" atment" to [1] then: cussion with a speci No es" to [24a] then: of senior specialist c resented at "spoke" atment" to [1] then:	hospital, then transferred to vascular centre / "hub" ialist at the vascular "hub" hospital prior to referral? Unknown Unknown Unknown hospital, then transferred to vascular centre / "hub" ist vascular "hub" hospital:
If answered "Pr hospital for trea Was there a dis O Yes If answered "Yes Date and time of If answered "Pr hospital for trea	resented at "spoke" atment" to [1] then: cussion with a speci No es" to [24a] then: of senior specialist c resented at "spoke" atment" to [1] then:	hospital, then transferred to vascular centre / "hub" ialist at the vascular "hub" hospital prior to referral? Unknown linical assessment: Unknown hospital, then transferred to vascular centre / "hub"
If answered "Pr hospital for treation of the was there a discontinuous of the waste	resented at "spoke" atment" to [1] then: cussion with a speci No es" to [24a] then: of senior specialist co resented at "spoke" atment" to [1] then: of referral to special	hospital, then transferred to vascular centre / "hub" ialist at the vascular "hub" hospital prior to referral? Unknown Unknown Unknown hospital, then transferred to vascular centre / "hub" ist vascular "hub" hospital: Unknown
If answered "Pr hospital for treation of the language of the l	resented at "spoke" atment" to [1] then: cussion with a speci No es" to [24a] then: of senior specialist co resented at "spoke" atment" to [1] then: of referral to special resented at "spoke"	hospital, then transferred to vascular centre / "hub" ialist at the vascular "hub" hospital prior to referral? Unknown Unknown Unknown hospital, then transferred to vascular centre / "hub" ist vascular "hub" hospital: Unknown
If answered "Pr hospital for trea Was there a dis O Yes If answered "Yed Date and time of If answered "Pr hospital for trea Date and time of If answered "Pr hospital for trea Grade of person	resented at "spoke" atment" to [1] then: cussion with a speci No es" to [24a] then: of senior specialist co resented at "spoke" atment" to [1] then: of referral to special resented at "spoke"	hospital, then transferred to vascular centre / "hub" ialist at the vascular "hub" hospital prior to referral? Unknown Unknown Unknown hospital, then transferred to vascular centre / "hub" ist vascular "hub" hospital: Unknown
If answered "Pr hospital for trea Was there a dis Yes If answered "Yes Date and time of If answered "Pr hospital for trea Date and time of If answered "Pr hospital for trea Grade of person FY1/2	resented at "spoke" atment" to [1] then: cussion with a speci No es" to [24a] then: of senior specialist co resented at "spoke" atment" to [1] then: of referral to special resented at "spoke"	hospital, then transferred to vascular centre / "hub" ialist at the vascular "hub" hospital prior to referral? Unknown Unknown Unknown hospital, then transferred to vascular centre / "hub" ist vascular "hub" hospital: Unknown
If answered "Pr hospital for tree Was there a dis O Yes If answered "Yes Date and time of the Date of person O FY1/2 O ST1/2	resented at "spoke" atment" to [1] then: cussion with a speci No es" to [24a] then: of senior specialist co resented at "spoke" atment" to [1] then: of referral to special resented at "spoke"	hospital, then transferred to vascular centre / "hub" ialist at the vascular "hub" hospital prior to referral? Unknown Unknown Unknown hospital, then transferred to vascular centre / "hub" ist vascular "hub" hospital: Unknown
If answered "Pr hospital for trea Was there a dis O Yes If answered "Yes Date and time of the Date and time of th	resented at "spoke" atment" to [1] then: cussion with a speci No es" to [24a] then: of senior specialist c resented at "spoke" atment" to [1] then: of referral to special resented at "spoke" atment" to [1] then: of referral to special resented at "spoke" atment" to [1] then: of referral to special	hospital, then transferred to vascular centre / "hub" ialist at the vascular "hub" hospital prior to referral? Unknown Unknown Unknown hospital, then transferred to vascular centre / "hub" ist vascular "hub" hospital: Unknown Unknown
If answered "Pr hospital for trea Was there a dis O Yes If answered "Yes Date and time of the Date and time of th	resented at "spoke" atment" to [1] then: cussion with a speci No es" to [24a] then: of senior specialist c resented at "spoke" atment" to [1] then: of referral to special resented at "spoke" atment" to [1] then: of referral to special resented at "spoke" atment" to [1] then: of referral to special	hospital, then transferred to vascular centre / "hub" ialist at the vascular "hub" hospital prior to referral? Unknown Unknown Unknown hospital, then transferred to vascular centre / "hub" ist vascular "hub" hospital: Unknown Unknown
If answered "Pr hospital for trea Was there a dis O Yes If answered "Yes Date and time of the Date and time of th	resented at "spoke" atment" to [1] then: cussion with a speci No es" to [24a] then: of senior specialist c resented at "spoke" atment" to [1] then: of referral to special resented at "spoke" atment" to [1] then: of referral to special resented at "spoke" atment" to [1] then: of referral to special	hospital, then transferred to vascular centre / "hub" ialist at the vascular "hub" hospital prior to referral? Unknown Unknown Unknown hospital, then transferred to vascular centre / "hub" ist vascular "hub" hospital: Unknown Unknown
If answered "Prhospital for tree Date and time of Date and Table Date Date Date Date Date Date Date Dat	resented at "spoke" atment" to [1] then: cussion with a speci No es" to [24a] then: of senior specialist c resented at "spoke" atment" to [1] then: of referral to special resented at "spoke" atment" to [1] then: of referral to special resented at "spoke" atment" to [1] then: of referral to special	hospital, then transferred to vascular centre / "hub" ialist at the vascular "hub" hospital prior to referral? Unknown Unknown Unknown hospital, then transferred to vascular centre / "hub" ist vascular "hub" hospital: Unknown Unknown
If answered "Pr hospital for trea Was there a dis O Yes If answered "Yes Date and time of the Date and time of th	resented at "spoke" atment" to [1] then: cussion with a speci No es" to [24a] then: of senior specialist c resented at "spoke" atment" to [1] then: of referral to special resented at "spoke" atment" to [1] then: of referral to special resented at "spoke" atment" to [1] then: of referral to special	hospital, then transferred to vascular centre / "hub" ialist at the vascular "hub" hospital prior to referral? Unknown linical assessment: Unknown hospital, then transferred to vascular centre / "hub" ist vascular "hub" hospital: Unknown hospital, then transferred to vascular centre / "hub" hospital, then transferred to vascular centre / "hub"

hospital for treatment" to Specialty of person making			
Emergency medicineInterventional RadiologyUnknown	O Vascular surg		Critical careAcute Medicine
If not listed above, please spe	ecify here		
7a.If answered "Presented at hospital for treatment" to	[1] then:	then transferr	ed to vascular centre / "hub"
Grade of person receiving FY1/2 ST1/2 ST3+ Consultant Emergency care practition Physician Associate Nurse Unknown		oracitioner	
If not listed above, please spe	ecify here		
7b.If answered "Presented at hospital for treatment" to Specialty of person receivi	[1] then:	then transferr	ed to vascular centre / "hub"
Emergency medicineInterventional Radiology	O Vascular surg	gery	O Critical care
28. If answered "Presented at hospital for treatment" to Which treatments for ALI was Answers may be multiple. Ple	[1] then: were initiated pre-	transfer?	ed to vascular centre / "hub"
□ None	ase serect an that ap	Intravenous	s (IV) Fluids
Oxygen therapy		☐ Analgesia	(11)
☐ IV heparin		Low Molecu	ılar Weight Heparin (LMWH)
☐ Direct Oral Anti Coagulant☐ Made nil by mouth	t (DOAC)	☐ Aspirin	
Please specify any additional	options here		
9. If answered "Presented at hospital for treatment" to Time of departure from "sp	[1] then:	then transferr	ed to vascular centre / "hub"
		Unl	known
Oa.If answered "Presented at hospital for treatment" to Was there any known dela the "hub" hospital?	[1] then:		ed to vascular centre / "hub" from the "spoke" hospital to

spital):		

F. Admission to "Hub" Hospital, Initial Management & Decision Making

Presentation to Hospital

	•	tient present to the	hub" hospita	l / specialist vascular centre?
	•	n Emergency Departmen n other inpatient ward (S	-	
	•	vascular surgery clinic	pone nospical,	
		GP/Primary Care transfe	er	
	Referral from		`	
	•	epartment (this hospital ttendance, blue light to		
	Other ambula	_		
	If not listed above	e, please specify here		
 a.	If answered "Ai	mbulance attendance.	blue liaht to	ED" or "Other ambulance attendance"
	to [2] then:	ambulance requested		
				Unknown
b.	lf answered "Aı	mbulance attendance.	blue liaht to	D ED" or "Other ambulance attendance"
	to [2] then:			tient directly to the vascular "hub"
	O Yes	○ No	O (Jnknown
		mbulance attendance,	blue light to	ED" or "Other ambulance attendance"
	to [2] then: Was acute limb	ischaemia mentioned	on the PRF	?
		o ischaemia mentioned	_	? Jnknown
	Was acute limb Yes	_	_	
	Was acute limb Yes	O No	_	
	Was acute limb Yes	O No	_	Jnknown
4.	Was acute limb Yes Date and time	O No of arrival in hospital:	0	Jnknown
4.	Was acute limb Yes Date and time	O No of arrival in hospital:	oatient prese	Jnknown Unknown
4. a. b.	Was acute limb O Yes Date and time of the control	No of arrival in hospital: known delays in the p No es" to [5a] then:	oatient prese	Jnknown Unknown nting to this hospital?
4. a. b.	Was acute limb Yes Date and time of the control o	No of arrival in hospital: known delays in the p No es" to [5a] then:	oatient prese	Jnknown Unknown nting to this hospital?
4. a. b.	Was acute limb Yes Date and time of the control o	No of arrival in hospital: known delays in the p No es" to [5a] then:	oatient prese	Jnknown Unknown nting to this hospital?
4. a. b.	Was acute limb Yes Date and time of the control o	No of arrival in hospital: known delays in the p No es" to [5a] then: cails:	patient prese	Unknown ting to this hospital? Jnknown
4. a. b.	Was acute limb Yes Date and time of the control o	No of arrival in hospital: known delays in the p No es" to [5a] then: cails:	patient prese	Unknown ting to this hospital? Jnknown
4. a. b.	Was acute limb Yes Date and time of the control o	No of arrival in hospital: known delays in the p No es" to [5a] then: cails:	patient prese	Unknown ting to this hospital? Jnknown althcare professional:
4. a. b.	Was acute limb Yes Date and time of the control o	No of arrival in hospital: known delays in the p No es" to [5a] then: cails:	patient prese	Unknown nting to this hospital? Jnknown althcare professional:
4. d.	Was acute limb Yes Date and time of the control o	No of arrival in hospital: known delays in the p No es" to [5a] then: rails: the patient was first s 'hub" hospital) nt at Presentation of the initial assessment	patient prese	Unknown ting to this hospital? Jnknown althcare professional:

O FV1/2			
O FY1/2			
O ST1/2			
O ST3+			
Consultant			
Emergency care	practitioner / Advai	nced care praciti	oner
Physician Associa	ite		
Nurse			
Unknown			
c. Specialty of clinicia	an undertaking tl	he initial asses	sment:
() Emergency medic	_	scular surgery	(Interventional radiology
Critical care	_	isculai surgery iknown	O interventional radiology
O critical care	0 01	IKIIOWII	
If not listed above, pl	ease specify here		
8. Which of the follow	vina symptoms w	vere recorded?	
At the time of presen			may be multiple. Please select all that
apply.	— -		
Pain	_	llor	Paraesthesia
Paralysis / weakn	ess 🔲 Co	old limb	Swollen limb
Unknown			
Please specify any as	dditional options he	ere	
riease specify ally ac			
riease specify any ac	·		
riease specify any ac	·		
		by:	
	nically assessed	-	senior consultant interventional radiologist
a. Was the patient cli	nically assessed / endovascular sur	geon	senior consultant interventional radiologist
a. Was the patient cli A senior vascular, Please specify any ac	nically assessed / endovascular surg	geon A	
a. Was the patient cli A senior vascular, Please specify any ac	nically assessed / endovascular surgeditional options he ior vascular/ end	geon A	senior consultant interventional radiologist eon" or "A senior consultant
A. Was the patient cli A senior vascular, Please specify any ac	nically assessed / endovascular surgeditional options he ior vascular/ end ologist" to [9a] t	geon A ere lovascular surg	eon" or "A senior consultant
A. Was the patient cli A senior vascular, Please specify any according to the control of the c	nically assessed / endovascular surgeditional options he ior vascular/ end ologist" to [9a] t	geon A ere lovascular surg	eon" or "A senior consultant sessment:
A. Was the patient cli A senior vascular, Please specify any accompleted and the complete of	nically assessed / endovascular surgeditional options he ior vascular/ end ologist" to [9a] t	geon A ere lovascular surg	eon" or "A senior consultant
A. Was the patient cli A senior vascular, Please specify any accompleted and the complete of	nically assessed / endovascular surgeditional options he ior vascular/ end ologist" to [9a] t	geon A ere lovascular surg	eon" or "A senior consultant sessment:
A. Was the patient cli A senior vascular, Please specify any according to the control of the c	nically assessed / endovascular surgeditional options he ior vascular/ end ologist" to [9a] t	geon A ere lovascular surg	eon" or "A senior consultant sessment:
A. Was the patient cli A senior vascular, Please specify any according to the control of the c	nically assessed / endovascular surgeditional options he ior vascular/ end ologist" to [9a] t	geon A ere lovascular surg	eon" or "A senior consultant sessment:
A. Was the patient cli A senior vascular, Please specify any accomplete and "A senior vascular, Date and time of fi	nically assessed / endovascular sure dditional options he ior vascular/ end ologist" to [9a] t rst senior/ specia	geon A ere lovascular surg	eon" or "A senior consultant sessment:
A. Was the patient cli A senior vascular, Please specify any act b. If answered "A sen interventional radi Date and time of fi	nically assessed / endovascular surgeditional options he ior vascular/ end ologist" to [9a] t rst senior/ specia	geon	eon" or "A senior consultant sessment: Unknown
A. Was the patient cli A senior vascular, Please specify any accomplete and "A senior vascular, Date and time of fi	nically assessed / endovascular sure dditional options he ior vascular/ end ologist" to [9a] t rst senior/ specia	geon A ere lovascular surg hen: alist clinical ass	eon" or "A senior consultant sessment:
a. Was the patient cli A senior vascular, Please specify any ac b. If answered "A sen interventional radi Date and time of fi Clinical Examination a. Was a NEWS 2 scor	nically assessed / endovascular surgeditional options he ior vascular/ end ologist" to [9a] t rst senior/ special re recorded?	geon A ere lovascular surg hen: alist clinical ass	eon" or "A senior consultant sessment: Unknown
A. Was the patient cli A senior vascular, Please specify any accepts. b. If answered "A seninterventional radionate and time of fictional Examination Clinical Examination a. Was a NEWS 2 scotonate. Yes b. If answered "Yes" to	nically assessed / endovascular surgeditional options he ior vascular/ end ologist" to [9a] t rst senior/ special re recorded?	geon A ere lovascular surg hen: alist clinical ass	eon" or "A senior consultant sessment: Unknown
a. Was the patient cli A senior vascular, Please specify any acc b. If answered "A seninterventional radi Date and time of fi Clinical Examination a. Was a NEWS 2 scor	nically assessed / endovascular surgeditional options he ior vascular/ end ologist" to [9a] t rst senior/ special re recorded?	geon A ere lovascular surg hen: alist clinical ass	eon" or "A senior consultant sessment: Unknown
a. Was the patient cli A senior vascular, Please specify any acc b. If answered "A seninterventional radi Date and time of fi Clinical Examination a. Was a NEWS 2 scor	nically assessed / endovascular surgeditional options he ior vascular/ end ologist" to [9a] t rst senior/ special re recorded?	geon A ere lovascular surg hen: alist clinical ass	eon" or "A senior consultant sessment: Unknown
A. Was the patient cli A senior vascular, Please specify any according to the senior vascular, Please specify any according to the senior of the senior o	nically assessed / endovascular surgeditional options he ior vascular/ end ologist" to [9a] t rst senior/ special re recorded? O No to [11a] then: S 2 score?	geon A ere lovascular surg then: alist clinical ass O U	eon" or "A senior consultant sessment: Unknown Not Applicable Unknown
a. Was the patient cli A senior vascular, Please specify any acc b. If answered "A seninterventional radi Date and time of fi Clinical Examination A. Was a NEWS 2 score Yes B. If answered "Yes" to	nically assessed / endovascular surgeditional options he ior vascular/ end ologist" to [9a] t rst senior/ special re recorded? O No to [11a] then: S 2 score?	geon A ere lovascular surg then: alist clinical ass O U	eon" or "A senior consultant sessment: Unknown Not Applicable Unknown
a. Was the patient cli A senior vascular, Please specify any acc b. If answered "A seninterventional radi Date and time of fi Clinical Examination a. Was a NEWS 2 score Yes b. If answered "Yes" to What was the NEW	nically assessed / endovascular surpleditional options he ior vascular/ end ologist" to [9a] t rst senior/ special re recorded? No to [11a] then: IS 2 score?	geon A ere lovascular surg then: alist clinical ass O U	eon" or "A senior consultant sessment: Unknown Not Applicable Unknown

12b	.lf answered "Limb pul On palpation, which li		sent?	
	☐ Absent☐ One distal pulse☐ Brachial☐	☐ Femoral o	-	☐ Femoral and popliteal ☐ Radial
	Please specify any addit	ional options here		
12c	.If answered "Limb pul Was a Doppler assess			
	O Yes	O No	Unknown	
12d	.If answered "Limb pow What was the power o			
	O 1 O 5	O 2 O Unknown	O 3	O 4
12e	.If answered "Sensatio What was sensation r			
	○ Normal	Altered	Absent	O Unknown
	If not listed above, pleas	e specify here		
13.	What was the recorde the hub hospital: Acute limb ischaemia	-	ntial diagnosis at	the time of presentation to Deep Vein Thrombosis (DVT)
	☐ Ruptured Baker's cys	st Infection		■ Non-specific leg pain
	Please specify any addit	ional options here		
14a	.Was the Rutherford A Please see definitions or			
	O Yes	O No	Unknown	
14b	.If answered "Yes" to [What was it?	14a] then:		
	O I	O IIa	O IIb	O III
	If not listed above, pleas	e specify here		
In	vestigations			
15a	.Was an ECG performe	d?		
15b	Yes .If answered "Yes" to [No No [15a] then:	O Unknown	
	What was the recorde			
	O Regular	Atrial Fibrillation	Other arrhy	rthmia O Not recorded
16a	.Which baseline blood: Answers may be multiple		t apply.	
	☐ Lactate ☐ Other relevant	Coagulation Scree	_	_

	nvestigations were carried Please select all that apply.	out?	
☐ Arterial ultrasound☐ Venous ultrasound (for	CT arteriogram DVT) None of these		☐ MR arteriogram
Please specify any addition	al options here		
f answered "Arterial ult Date and time arterial u	rasound" to [17a] then: ltrasound performed:		
		☐ Ui	nknown
f answered "CT arteriog Date and time CTA perfo			
		☐ Ui	nknown
f answered "MR arterio Date and time MRA perf			
		UI UI	nknown
	rasound (for DVT)" to [17a Itrasound (for DVT) perforn		
		□ Ui	nknown
f answered to [17a] the F25i Date and time othe			
		☐ Ui	nknown
ial Management and Re	vascularisation plan		
	reatments were initiated in Please select all that apply.	n the "h	nub" hospital?
Anti-coagulation	Anti-coagulation mo	_	
Analgesia	Intubation /Ventilati	on	IV Fluids
☐ Oxygen ☐ Unknown	☐ Patient made NBM		☐ None of these
Please specify any addition	al options here		
f answered "Anti-coagu	lation", "Anti-coagulation r	nonito	ring", "Antibiotics", "Analgesi It made NBM" to [18a] then:

☐ IV heparin		☐ Low Molecular Weight Heparin (LMWI
DOAC/NOAC		☐ Warfarin
_ DOAC/NOAC		- Wallann
Please specify any ad	ditional options here	
	esia" to [18a] then: d the patient receive tiple. Please select all t	
Paracetamol	Oral opioids	☐ IV opioids ☐ Unknown
Please specify any ad	ditional options here	
Date and time of ac	dmission to vascular	"hub" hospital:
		Unknown
. Which location was	the patient first adı	mitted to in the vascular hub hospital?
Surgical assessment		Medical assessment unit
Acute admissions		General surgical ward
General medical v		Specialist surgical ward
Specialist medical	l ward	Higher level care ward
O Patient went strain	ght to theatre	
If not listed above, ple	ease specify here	
If not listed above, ple	ease specify here	
If not listed above, ple	ease specify here	
		gnosis of acute limb ischaemia:
		gnosis of acute limb ischaemia:
2. What was the date	and time of the diag	Unknown
2. What was the date	and time of the diag	Unknown n formed?
2. What was the date a.Was a revascularisa O Yes	and time of the diag	Unknown
a.Was a revascularisa Yes b.If answered "Yes" t	and time of the diag	Unknown n formed? Unknown
a.Was a revascularisa Yes b.If answered "Yes" t	and time of the diagramment plan No No (23a] then:	Unknown n formed? Unknown
a. Was a revascularisa O Yes b.If answered "Yes" t When was the reva	and time of the diagramment plants of the Notes to [23a] then:	Unknown n formed? Unknown nent plan formed? Not Applicable Unknow
2. What was the date a. Was a revascularisa O Yes b. If answered "Yes" t When was the reva	and time of the diagramment plants of [23a] then: so [23a] then: so [23a] then: forming the revase	Unknown n formed? Unknown nent plan formed? Not Applicable Unknow cularisation/ treatment plan?
a. Was a revascularisa O Yes b. If answered "Yes" t When was the reva c. If answered "Yes" t Who was involved i Vascular/ endovas	and time of the diagramment plant on No so [23a] then: scularisation/ treatment forming the revasors scular surgeon	Unknown In formed? Unknown Inent plan formed? Not Applicable Unknown Cularisation/ treatment plan? Interventional radiologist
2. What was the date a. Was a revascularisa O Yes b. If answered "Yes" t When was the reva	and time of the diagramment plant on No so [23a] then: scularisation/ treatment forming the revasors scular surgeon	Unknown n formed? Unknown nent plan formed? Not Applicable Unknow cularisation/ treatment plan?
a. Was a revascularisa O Yes b.If answered "Yes" t When was the reva c. If answered "Yes" t Who was involved i O Vascular/ endovas	and time of the diagramment plant on No so [23a] then: scularisation/ treatment forming the revasors scular surgeon	Unknown In formed? Unknown Inent plan formed? Not Applicable Unknown Cularisation/ treatment plan? Interventional radiologist

2a. Did this patio	ent undergo a surgi	ical/IR/hybrid procedure?	
O Yes	O No	Unknown	
	'No" to [2a] then: patient not underg	jo a surgical/IR/hybrid proce	edure?
Non-surgicDeath	al/Non-IR manageme	nt O Palliative ca	are
If not listed ab	ove, please specify he	ere	
2c. If answered ' Please give c		R management" or "Palliati	ive care" to [2b] then:
	no surgical/IR procedestion 2 then skip to S		e only, please skip to section H and
if the patient unde first procedure	erwent multiple proce	dures, please answer the ques	stions in this section in relation to the
	'Yes" to [2a] then: dure was performed	d?	
Femoral er Thromboly Surgical: F Angioplast Surgical th IR Mechan Stent / ste	ndarterectomy sis ogarty / bypass y romboembolectomy ical thrombectomy nt graft chanical approach (Fo	thrombolytic therapy ogarty / over the wire embolect	tomy/ thrombectomy)
Please specify	any additional option	s here	
	'Amputation" to [3a amputation?	a] then:	
O Right foot	•) Below knee amputation) Above elbow amputation) Digital amputation	Transmetatarsal amputationBelow elbow amputation
If not listed ab	ove, please specify he	ere	
	'Yes" to [2a] then: e of arrival in thea	tre / interventional radiolog	gy:

G. Specialist Management: First Procedure

If answered "Yes" Date and time of	start of procedure:		
		Unknov	vn
i. If answered "Yes" Location where th	to [2a] then: ne procedure was carı	ried out:	
Hybrid theatreRadiology theatUnknown	res	Surgical theatreSurgical theatre	e with mobile image intensifier
If not listed above, p	olease specify here		
a. If answered "Yes" Grade of most sei	to [2a] then: nior person undertaki	ng procedure:	
O ST3-5		Consultant	O Unknown
If not listed above, p	olease specify here		
o. If answered "Yes" Specialty of perso	to [2a] then: on undertaking proce	dure	
O Vascular/ endov	accular curgony	Interventional r	adiology
O Unknown	ascular surgery	O interventional i	adiology
Unknown If not listed above, p	olease specify here	U interventional i	autology
Unknown If not listed above, p	to [2a] then: etist present during p		O SAS Doctors
Unknown If not listed above, p B. If answered "Yes" Grade of anaestho CT1-3 Locum/Fellow a. If answered "Yes"	to [2a] then: etist present during p CT4-6 Consultant	orocedure:	
Unknown If not listed above, p B. If answered "Yes" Grade of anaestho CT1-3 Locum/Fellow a. If answered "Yes"	to [2a] then: CT4-6 Consultant Cto [2a] then:	orocedure:	
Unknown If not listed above, p B. If answered "Yes" Grade of anaesthe CT1-3 Cocum/Fellow a. If answered "Yes" Where there any of the course	to [2a] then: etist present during p CT4-6 Consultant to [2a] then: delays in carrying out	orocedure: O ST4-7 O Unknown the procedure? O Unknown	
Unknown If not listed above, p B. If answered "Yes" Grade of anaesthe CT1-3 Cocum/Fellow a. If answered "Yes" Where there any of the course	to [2a] then: etist present during p CT4-6 Consultant to [2a] then: delays in carrying out No to [9a] then: delay? ultiple. Please select all is etion Lack of dedical staff Availa	orocedure: O ST4-7 O Unknown the procedure? O Unknown that apply. of theatre space	
B. If answered "Yes" Grade of anaesthe CT1-3 Locum/Fellow a. If answered "Yes" Where there any Yes b. If answered "Yes" What caused the Answers may be mu Medical stabilisa Availability of mu Unknown / Not re	to [2a] then: etist present during p CT4-6 Consultant to [2a] then: delays in carrying out No to [9a] then: delay? ultiple. Please select all is etion Lack of dedical staff Availa	Orocedure: O ST4-7 O Unknown The the procedure? O Unknown That apply. If theatre space bility of nursing staff	SAS Doctors Lack of IR space
Unknown If not listed above, p B. If answered "Yes" Grade of anaestho CT1-3 Locum/Fellow a. If answered "Yes" Where there any o Yes b. If answered "Yes" What caused the Answers may be moderal stabilised and a list of moderate process of the point o	to [2a] then: etist present during p CT4-6 Consultant to [2a] then: delays in carrying out No to [9a] then: delay? cultiple. Please select all is edical staff Availa recorded edditional options here	orocedure: O ST4-7 O Unknown The the procedure? O Unknown That apply. of theatre space bility of nursing staff O Unknown	SAS Doctors Lack of IR space
Unknown If not listed above, p B. If answered "Yes" Grade of anaestho CT1-3 Locum/Fellow a. If answered "Yes" Where there any o Yes b. If answered "Yes" What caused the Answers may be moderal stabilised and Availability of moderate specify any and answered "Yes" Please specify any answered "Yes" O. If answered "Yes"	to [2a] then: etist present during p CT4-6 Consultant to [2a] then: delays in carrying out No to [9a] then: delay? ultiple. Please select all is etion Lack of dedical staff Availa recorded	orocedure: O ST4-7 O Unknown The the procedure? O Unknown That apply. of theatre space bility of nursing staff O Unknown	SAS Doctors Lack of IR space

Was the limb cor	idition asses				
O Yes	O No		Unknown	1	O not applicable
Lb.If answered "Yes Did the limb con			1a] then:		
O Yes	O No		O Unknown	1	
2a.If answered "Yes Where was the p			m theatre (follo	wing p	procedure)?
Level 2 - HDULevel 3 - CriticaOvernight interVascular surgeHeld in theatre	nsive recovery ry ward		ed available)		
O Unknown	•				
If not listed above,	please specify	y here			
[12a] then: What treatment		ent receive i	n higher level c		opriate bed available)" to
	<i>nultiple. Please</i> pport /haemofiltratio	ent receive i e select all tha on therapy	n higher level c	are?	
What treatment Answers may be n Respiratory su Haemodialysis, Please specify any Ba.If answered "Yes Were there any o Yes Bb.If answered "Yes	pport /haemofiltrational opt additional opt by to [2a] the complication No to [13a] the	ent receive in a select all that on therapy cions here n: s following to the select all that on the select all that of the select all the select all that of the select all	n higher level cat apply. Cardiova Monitoria chis procedure? Unknown	are? scular ng	
What treatment Answers may be n Respiratory su Haemodialysis, Please specify any a.If answered "Yes Were there any o	pport /haemofiltrational opt additional opt by to [2a] the complication No to [13a] the ions did the	ent receive in a select all the sele	n higher level cat apply. Cardiova Monitoria chis procedure? Unknown	are? scular ng	
What treatment Answers may be n Respiratory su Haemodialysis, Please specify any Ba.If answered "Yes Were there any o Yes Bb.If answered "Yes Which complicat	pport /haemofiltrational opt additional opt by to [2a] the complication No s" to [13a] the ions did the nultiple. Please syndrome	ent receive in the select all the se	n higher level cat apply. Cardiova Monitoria Chis procedure? Unknown erience? at apply. dney injury	are? scular ng	
What treatment Answers may be n Respiratory su Haemodialysis, Please specify any Ba.If answered "Yes Were there any o Yes Bb.If answered "Yes Which complicat Answers may be n Compartment in	pport /haemofiltration additional opt b" to [2a] the complication No b" to [13a] the ions did the nultiple. Please syndrome el	ent receive in the select all the select all the continuous here n: s following to the select all the continuous here Acute kid	n higher level cat apply. Cardiova Monitoria Chis procedure? Unknown erience? at apply. dney injury	are? scular ng	support Reperfusion Syndrome
What treatment Answers may be n Respiratory su Haemodialysis, Please specify any Ba.If answered "Yes Were there any o Yes Bb.If answered "Yes Which complicat Answers may be n Compartment in Infection Ischaemic bow	pport /haemofiltrational opt additional opt by to [2a] the complication opt to [13a] the ions did the nultiple. Please syndrome additional opt by to [13a] the syndrome el	ent receive in a select all that on therapy cions here n: s following to the select all that in the select all the sel	n higher level cat apply. Cardiova Monitoria Chis procedure? Unknown crience? at apply. dney injury ng injury	scular ng	Reperfusion Syndrome Ischaemia reperfusion injury

I. If answered "Yes" t	to [2a] then: plan for deterioration doc	cumented?	
Yes Yes	Yes, but incomplete		O Unknown
i. If answered "Yes"			
-	uency of limb assessment		lowing the procedure? >6-12 hourly
O-1 hourly >12- 24 hourly	\bigcirc >1-4 hourly \bigcirc > daily	>4-6 hourlyUnknown	O >6-12 Hourly
	· ·		
If not listed above al			
If not listed above, pl	ease specify nere		
If not listed above, pl	ease specify nere		
a.lf answered "Yes" to Did this patient red	to [2a] then: ceive analgesia?	O University	
a.If answered "Yes" to Did this patient red	to [2a] then: ceive analgesia?	○ Unknown	
a.If answered "Yes" to Did this patient red O Yes b.If answered "Yes" to the second the second term of the	to [2a] then: ceive analgesia?	O Unknown	
a.If answered "Yes" to Did this patient red O Yes b.If answered "Yes" to Which analgesia di	to [2a] then: ceive analgesia? No to [16a] then:	○ Unknown	
a.If answered "Yes" to Did this patient red O Yes b.If answered "Yes" to Which analgesia di Paracetamol Oral opioids	to [2a] then: ceive analgesia? No to [16a] then:	○ Unknown	
a.If answered "Yes" to Did this patient red Yes b.If answered "Yes" to Which analgesia di Paracetamol Oral opioids IV opioids	to [2a] then: ceive analgesia? No to [16a] then:		\
a.If answered "Yes" to Did this patient red Yes b.If answered "Yes" to Which analgesia di Paracetamol Oral opioids IV opioids	to [2a] then: ceive analgesia? No to [16a] then: d the patient receive?		n)
a.If answered "Yes" to Did this patient red Yes b.If answered "Yes" to Which analgesia di Paracetamol Oral opioids IV opioids Patient controlled Regional Anaesth	to [2a] then: ceive analgesia? No to [16a] then: d the patient receive?		\)
a.If answered "Yes" to Did this patient red Yes b.If answered "Yes" to Which analgesia di Paracetamol Oral opioids IV opioids Patient controlled Regional Anaesth	to [2a] then: ceive analgesia? No to [16a] then: d the patient receive? I analgesia (PCA)/ Nurse contesia		()
a.If answered "Yes" to Did this patient red Yes b.If answered "Yes" to Which analgesia di Paracetamol Oral opioids IV opioids Patient controlled Regional Anaesth	to [2a] then: ceive analgesia? No to [16a] then: d the patient receive? I analgesia (PCA)/ Nurse contesia		()
a.If answered "Yes" to Did this patient red Yes b.If answered "Yes" to Which analgesia di Paracetamol Oral opioids IV opioids Patient controlled Regional Anaesth Please specify any act	to [2a] then: ceive analgesia? No to [16a] then: d the patient receive? I analgesia (PCA)/ Nurse contesia Idditional options here		.)
a.If answered "Yes" to Did this patient red Yes b.If answered "Yes" to Which analgesia di Paracetamol Oral opioids IV opioids Patient controlled Regional Anaesth Please specify any act	to [2a] then: ceive analgesia? No to [16a] then: d the patient receive? I analgesia (PCA)/ Nurse contesia Iditional options here	crolled analgesia (NCA	n)
a.If answered "Yes" to Did this patient red Yes b.If answered "Yes" to Which analgesia di Paracetamol Oral opioids IV opioids Patient controlled Regional Anaesth Please specify any act	to [2a] then: ceive analgesia? No to [16a] then: d the patient receive? d analgesia (PCA)/ Nurse contesia dditional options here	crolled analgesia (NCA	()
a.If answered "Yes" to Did this patient red Yes b.If answered "Yes" to Which analgesia did Paracetamol Oral opioids IV opioids Patient controlled Regional Anaesth Please specify any act	to [2a] then: ceive analgesia? No to [16a] then: d the patient receive? I analgesia (PCA)/ Nurse contacts ditional options here to [2a] then: ceive anticoagulation? H heparin, DOAC/NOAC, warf	crolled analgesia (NCA	
a.If answered "Yes" to Did this patient red Yes b.If answered "Yes" to Which analgesia did Paracetamol Oral opioids IV opioids Patient controlled Regional Anaesth Please specify any act	to [2a] then: ceive analgesia? No to [16a] then: d the patient receive? I analgesia (PCA)/ Nurse contesia Iditional options here to [2a] then: ceive anticoagulation? H heparin, DOAC/NOAC, ward No to [17a] then:	crolled analgesia (NCA	N)
a.If answered "Yes" to Did this patient red Yes b.If answered "Yes" to Which analgesia did Paracetamol Oral opioids IV opioids Patient controlled Regional Anaesth Please specify any act a.If answered "Yes" to Did this patient redice. IV heparin, LMW. Yes b.If answered "Yes" to What anticoagulation	to [2a] then: ceive analgesia? No to [16a] then: d the patient receive? I analgesia (PCA)/ Nurse contacts diditional options here to [2a] then: ceive anticoagulation? H heparin, DOAC/NOAC, ward No to [17a] then: ion did they receive?	rolled analgesia (NCA	

H. Specialist Management: Subsequent Procedures

ia this patien	t undergo furt	ther surgical/IR inte	rventions?	
) Yes	O No	0	Unknown	
edure 2				
hich procedu	es" to [2] then re was perfori edure: Answers		ase select all t	that apply.
Femoral end Thrombolysis Surgical: Fog Angioplasty Surgical thro IR mechanica Stent/ stent Hybrid mech Amputation Unknown	arterectomy s arty / bypass mboembolector al thrombectomy graft	n (Fogarty / over the v		omy/ thrombectomy)
answered "A That type of a	mputation" to mputation?	[3a] then:		
Digital ampu		O Below knee amp O Above elbow am O Digital amputati	putation	Transmetatarsal amputationBelow elbow amputation
not listed abov	e, please specif	fy here		

	Location in which th				
	Hybrid theatreRadiology theatreUnknown			Surgical thSurgical th	eatre eatre with mobile image intensifie
	If not listed above, ple	ease specify	/ here		
	If answered "Yes" t Grade of most senio			the second proc	edure:
	O ST3-5	O ST6	-8	Consultant	O Unknown
	If not listed above, ple	ease specify	here		
	If answered "Yes" to Specialty of person			d procedure:	
	O Vascular surgery		O Intervention	onal radiology	O Unknown
ı	If not listed above, ple	ease specify	here		
	If answered "Yes" to Did the patient hav				
				O Unknown	
)a.	Did the patient hav	e any fasc No o [2] then	iotomies?		
a.	Did the patient hav Yes If answered "Yes" to	e any fasc No o [2] then	iotomies?		
)a. ,	Oid the patient hav Yes If answered "Yes" to Was there a delay i	o [2] then no carrying No No No No [9a] then	iotomies? : out the seco	nd procedure? O Unknown	
)a. ,	Oid the patient have Yes If answered "Yes" to Was there a delay io Yes If answered "Yes" to Yes What caused the delay io Yes	o [2] then no carrying No No No No [9a] then held of the leady? In please on	iotomies? cout the secon: select all that Lack of the	nd procedure? Unknown apply. eatre space	☐ Lack of IR space ☐ Unknown / Not recorded
a.	Yes If answered "Yes" to Was there a delay i Yes If answered "Yes" to Was there a delay i Medical stabilisation	o [2] thense on carrying O No o [9a] thense on dical staff	iotomies? out the seco select all that Lack of the Availability	nd procedure? Unknown apply. eatre space	_
)a.	Pid the patient have Yes If answered "Yes" to Was there a delay io Yes If answered "Yes" to What caused the de Answers may be multiple Medical stabilisation Availability of medical stabilisation	o [2] thense on carrying O No o [9a] thense on dical staff	iotomies? out the seco select all that Lack of the Availability	nd procedure? Unknown apply. eatre space	_
)a.)b.	Pid the patient have Yes If answered "Yes" to Was there a delay io Yes If answered "Yes" to What caused the de Answers may be multiple Medical stabilisation Availability of medical stabilisation	o [2] thense on carrying O No o [9a] thense on dical staff	iotomies? out the seco select all that Lack of the Availability	nd procedure? Unknown apply. eatre space	_
)b.	Pid the patient have Yes If answered "Yes" to Was there a delay io Yes If answered "Yes" to What caused the de Answers may be multiple Medical stabilisation Availability of medical stabilisation	o [2] thense on carrying O No o [9a] thense on dical staff	iotomies? out the seco select all that Lack of the Availability	nd procedure? Unknown apply. eatre space	_
Pos	If answered "Yes" to Was there a delay in Yes If answered "Yes" to Was there a delay in Yes If answered "Yes" to What caused the department of Answers may be multiple in Medical stabilisation of Medical stabilisation of Medical stability	o [2] then no carrying No No o [9a] then alay? iple. Please on dical staff ditional opt	iotomies? out the secon: select all that Lack of the Availability ions here	nd procedure? Unknown apply. eatre space y of nursing staff	_
Pos	If answered "Yes" to Was there a delay in Yes If answered "Yes" to Was there a delay in Yes If answered "Yes" to What caused the deanswers may be multiple in Medical stabilisation Availability of medical stabilisation in Availability of medical stability of me	o [2] then no carrying No No o [9a] then alay? iple. Please on dical staff ditional opt	iotomies? out the secon: select all that Lack of the Availability ions here	nd procedure? Unknown apply. eatre space y of nursing staff	Unknown / Not recorded
Pos 0a.	If answered "Yes" to Was there a delay io Yes If answered "Yes" to What caused the de Answers may be multo Medical stabilisation Availability of medical stability of medical sta	o [2] thense on ditional opt	iotomies? cout the secon: cout the secon:	nd procedure? Unknown apply. eatre space of nursing staff mented immedi	Unknown / Not recorded

11a.	If answered "Yes" to Where was the patier	[2] then it discha	: arged to followi	ng the second	procedure?
	Level 2 - HDULevel 3 - Critical cardOvernight intensiveVascular surgery waHeld in theatre recordUnknown	recovery rd		available)	
	If not listed above, pleas	se specify	y here		
		it" or "H he patie	leld in theatre in hi	recovery (no ap	ical care", "Overnight opropriate bed available)" to ?
	Respiratory support Haemodialysis/haem Unknown	nofiltratio	on therapy	☐ Cardiovascu☐ Monitoring	llar support
	Please specify any addit	ional opt	ions here		
	What was the frequent procedure? O 0-1 hourly >12-24 hourly If not listed above, pleas	O >1- O >24	4 hourly 1 hourly	O >4-6 hourly O Unknown	s following the second >6-12 hourly
13a.	If answered "Yes" to Were there any comp			second proced	ure?
	O Yes	O No		O Unknown	
13b.	If answered "Yes" to Which complications Answers may be multiple	did the	patient have fo		ond procedure?
	☐ Compartment syndr☐ Infection☐ Ischaemic bowel☐	ome	Acute kidney Acute lung ir		☐ Reperfusion Syndrome ☐ Ischaemia reperfusion injury
	Please specify any addit	ional opt	ions here		
13c.	If answered "Yes" to In your opinion, did t			the outcome o	f this patient?
	O Yes	O No		O Unknown	

If answered "Yes Was an escalatio procedure?	" to [2] then: n plan for deterioration	documented/ updated	l following the second
O Yes	O No	O Unknown	
If answered "Yes Were any change	" to [2] then: es made to the analgesia	a received following th	ne second procedure?
O Yes	O No	O Unknown	•
.If answered "Yes Which analgesia	" to [15] then: did the patient receive?		
☐ Paracetamol	☐ Oral opioids	☐ IV opioids	☐ PCA / NCA
	additional options here		
Please specify any			
	" to [2] then:		
.If answered "Yes Did the patient re	eceive anticoagulation f		rocedure?
.If answered "Yes Did the patient re			rocedure?
.If answered "Yes Did the patient ra i.e. IV heparin , LM Yes No	eceive anticoagulation f		rocedure?
.If answered "Yes Did the patient re i.e. IV heparin , LM Yes No Unknown	eceive anticoagulation f	varfarin .	rocedure?
.If answered "Yes Did the patient re i.e. IV heparin , LM Yes No Unknown Not applicableIf answered "Yes	eceive anticoagulation f WH heparin, DOAC/NOAC, i Patient already receiving a " to [16b] then:	varfarin .	rocedure?
.If answered "Yes Did the patient re i.e. IV heparin , LM Yes No Unknown Not applicable-	eceive anticoagulation f WH heparin, DOAC/NOAC, i Patient already receiving a " to [16b] then:	varfarin .	rocedure?
.If answered "Yes Did the patient re i.e. IV heparin , LM Yes No Unknown Not applicableIf answered "Yes What did they re	eceive anticoagulation for the parin, DOAC/NOAC, in the parin, DOAC/NOA	warfarin anticoagulants	
.If answered "Yes Did the patient re i.e. IV heparin , LM Yes No Unknown Not applicableIf answered "Yes What did they re	Patient already receiving a to [16b] then:	warfarin anticoagulants	
.If answered "Yes Did the patient re i.e. IV heparin , LM Yes No Unknown Not applicableIf answered "Yes What did they re	eceive anticoagulation for the parin, DOAC/NOAC, in the parin, DOAC/NOA	warfarin anticoagulants	
If answered "Yes Did the patient re i.e. IV heparin , LM Yes No Unknown Not applicable- If answered "Yes What did they re IV heparin Please specify any If answered "Yes	eceive anticoagulation for the wearin, DOAC/NOAC, in the parin, DOAC/NOAC, in the parint already receiving a series. It is a series to [16b] then: ceive? LMWH additional options here	nnticoagulants DOAC/NOAC	

Percutaneous catheter-directed thrombolytic to Femoral endarterectomy Thrombolysis Surgical: Fogarty / bypass IR Mechanical Thrombectomy Angioplasty Surgical thromboembolectomy Stent/ stent graft Hybrid mechanical approach (Fogarty / Over to Amputation Unknown Please specify any additional options here If answered "Amputation" to [18a] then: What type of amputation? Above knee amputation Below knee amputation Transmetatarsal amputation Digital amputation Digital amputation Digital amputation Transmetatarsal amputation Digital amputation Digital amputation Digital amputation Transmetatarsal amputation Digital amputation	the wire embolectomy/ thrombectomy) amputation
If answered "Amputation" to [18a] then: What type of amputation? O Above knee amputation O Digital amputation O Transmetatarsal amputation O Digital amputation O Digital amputation If not listed above, please specify here	amputation O Below elbow amputation
What type of amputation? O Above knee amputation O Digital amputation O Transmetatarsal amputation O Digital amputation O Digital amputation If not listed above, please specify here	amputation O Below elbow amputation
O Digital amputation O Above elbow O Transmetatarsal amputation O Digital amputation If not listed above, please specify here	amputation O Below elbow amputation
If a name and live it to [3.7] the second	
If answered "Yes" to [17] then: Date and time of start of third procedure:	Unknown
Date and time of start of tima procedure.	Unknown
If answered "Yes" to [17] then: Location in which the third procedure was ca	arried out:
O Hybrid theatre	O Radiology theatre
Surgical theatreUnknown	Surgical theatre with mobile image intensifier
If not listed above, please specify here	
.If answered "Yes" to [17] then: Grade of most senior person undertaking the	e third procedure:
O ST3-5 O ST6-8	O Consultant O Unknown
If not listed above, please specify here	

 Vascular surgery 	o Inter	ventional radiology	O Unknown
If not listed above, p	lease specify here		
. If answered "Yes" Did the patient ha	to [17] then: ve any fasciotomie	s?	
O Yes	O No	O Unknown	
ı.lf answered "Yes" Was there a delay		lure being performed?	?
O Yes	O No	Unknown	
o.lf answered "Yes" What caused the c Answers may be mu		ll that apply.	
☐ Medical stabilisa☐ Availability of me	_	of theatre space laility of nursing staff	☐ Lack of IR space ☐ Unknown / Not recorded
Please specify any a	dditional options here	<u></u>	
A.If answered "Yes" Where was the par O Level 2 - HDU O Level 3 - Critical O Overnight intens O Vascular surgery	tient discharged to care iive recovery unit	from theatre following	ng the third procedure?
Where was the part of Level 2 - HDU Level 3 - Critical Overnight intens Vascular surgery	tient discharged to care iive recovery unit		ng the third procedure?
Where was the particle of the	care ive recovery unit ward ecovery (no appropria		ng the third procedure?
Where was the particular of Level 2 - HDU O Level 3 - Critical O Overnight intens O Vascular surgery O Held in theatre re O Unknown If not listed above, particular surgery Olif answered "Yes" What treatment displays the surgery Olif answered displays the surgery Olif answered displays the surgery and surgery Olif answered displays the surgery and surg	care ive recovery unit ward ecovery (no appropria	ate bed available) 2 - HDU" or "Level 3 -	g the third procedure? Critical care" to [25a] the
Where was the part of the part	care live recovery unit ward ecovery (no appropriate) lease specify here to [17] and "Level in they receive? litiple. Please select and	ate bed available) 2 - HDU" or "Level 3 - that apply. Cardiovasce	
Where was the paragram	care ive recovery unit ward ecovery (no appropria	ate bed available) 2 - HDU" or "Level 3 - Il that apply. Cardiovasci y Monitoring	Critical care" to [25a] the
Where was the paragram	care live recovery unit ward ecovery (no appropria lease specify here to [17] and "Level id they receive? litiple. Please select and ort aemofiltration therapy dditional options here to [17] then:	2 - HDU" or "Level 3 - If that apply. Cardiovasco Monitoring	Critical care" to [25a] the
Where was the paragram	care live recovery unit ward ecovery (no appropria lease specify here to [17] and "Level id they receive? litiple. Please select and ort aemofiltration therapy dditional options here to [17] then:	2 - HDU" or "Level 3 - If that apply. Cardiovasco Monitoring	Critical care" to [25a] the
Where was the parallel was the parallel with the parallel was also become a content of the parallel was also become a content of the parallel was also become a content of the parallel was also be pa	care live recovery unit ward ecovery (no appropria lease specify here to [17] and "Level id they receive? litiple. Please select and ort aemofiltration therapy dditional options here to [17] then: lition assessed and O No to [26a] then:	ate bed available) 2 - HDU" or "Level 3 - If that apply. Cardiovasco Monitoring documented immedia	Critical care" to [25a] the ular support

27. If answered "Ye Did the patient		ving the third procedure?
O Yes O No		
UnknownNot applicable	e- Patient already receiving	u analgesia
28. If answered "Ye Did this patient		n following the third procedure?
○ Yes○ No○ Unknown○ Not applicabl	e (Already been given antic	coagulants)
29. If answered "Ye	es" to [17] then:	
-	t undergo further surgic	
O Yes	O No	○ Unknown
Procedure 4		
30a.If answered "Ye Which procedu	re was performed?	
-	•	, please select all that apply
☐ Percutaneous ☐ Femoral enda	s catheter-directed thrombo arterectomy	olytic therapy
☐ Thrombolysis	=	
Surgical: Fog	arty/bypass	
Angioplasty		
	mboembolectomy	
☐ IR Mechanica		
Stent/ stent o		over the wire embolectomy/ thrombectomy)
☐ Hybrid mecha	anicai approach (Fogarty / C	over the wire embolectomy/ thrombectomy)
Unknown		
Please specify an	ny additional options here	
	, additional options notice.	
30b.If answered "Ar What type of a	mputation" to [30a] then mputation?	n:
O Above knee a	•	O Below knee amputation
	rsal amputation (foot)	O Digital amputation (foot)
O Above elbow	-	Below elbow amputation
O Digital amput	tation (hand)	
If not listed above	e, please specify here	
31. If answered "Ye Date and time of Fourth procedures	of arrival in theatre / int	erventional radiology:
,		Unknown

		Unknown
3. If answered "Yes Location in whic		ocedure was carried out:
Hybrid theatreSurgical theatrUnknown		Radiology theatreSurgical theatre with mobile image intensifie
If not listed above,	please specify he	ere
4. If answered "Yes Grade of most se		dertaking fourth procedure:
O ST3-5 Other	○ ST6-8	O Consultant O Unknown
If not listed above,	please specify he	ere
5. If answered "Yes Specialty of pers () Vascular surge	on undertaking	of fourth procedure: ■ Interventional radiology Onknown
Specialty of pers	on undertaking) Interventional radiology O Unknown
Specialty of pers O Vascular surge	please specify he	Interventional radiology O Unknown
Specialty of pers Vascular surge If not listed above, 6. If answered "Yes Did the patient h	please specify he	Interventional radiology O Unknown
Specialty of pers O Vascular surge If not listed above, 6. If answered "Yes Did the patient h 4th procedure O Yes 7a.If answered "Yes	please specify he to [29] then: No to [29] then:	Interventional radiology O Unknown ere comies?
Specialty of pers O Vascular surge If not listed above, 6. If answered "Yes Did the patient h 4th procedure O Yes 7a.If answered "Yes	please specify he to [29] then: No to [29] then:	Interventional radiology Unknown ere comies? Unknown
Specialty of pers Vascular surge If not listed above, 6. If answered "Yes Did the patient h 4th procedure Yes Ya.If answered "Yes Was there a dela Yes Yb.If answered "Yes What caused the	on undertaking ry please specify he " to [29] then: have any fasciot No " to [29] then: y in the fourth No " to [37a] then: e delay?	Interventional radiology Unknown ere Comies? Unknown procedure being carried out? Unknown
Specialty of pers Vascular surge If not listed above, If not listed above, 6. If answered "Yes Did the patient h 4th procedure Yes Va. If answered "Yes Was there a dela Yes Vb. If answered "Yes What caused the 4th procedure: Ans Medical stabilis	please specify he "to [29] then: have any fasciot No "to [29] then: hy in the fourth No "to [37a] then: delay? swers may be mu sation	Interventional radiology Unknown ere Comies? Unknown procedure being carried out? Unknown
Specialty of pers Vascular surge If not listed above, If not listed above, 6. If answered "Yes Did the patient h 4th procedure Yes Va. If answered "Yes Was there a dela Yes Vb. If answered "Yes What caused the 4th procedure: Ans Medical stabilis	please specify he to [29] then: have any fasciot No to [29] then: have any fasciot No to [37a] then: he delay? swers may be mu sation medical staff	Interventional radiology Unknown ere Comies? Unknown procedure being carried out? Unknown Unknown Lack of theatre space Lack of IR space Availability of nursing staff Unknown / Not recorded

38a	Where was the	es" to [29] then: patient discharged to fror multiple. Please select all tha	m theatre following the fourth procedure? t apply.
	O Vascular surg	ical care tensive recovery unit	ed available)
	If not listed abov	e, please specify here	
38b	What treatmen	nt did they receive?	Critical care" to [38a] then: Itiple. Please select all that apply.
	Respiratory s		☐ Cardiovascular support ☐ Monitoring
	Please specify ar	ny additional options here	
	Was the limb c procedure? Yes	O No	umented immediately following the fourth O Unknown
39k		es" to [39a] then: andition improve?	
	O Yes	○ No	O Unknown
40		es" to [29] then: t receive analgesia followir	ng the fourth procedure?
	O Yes O N/A -analges	O No ia already given	○ Unknown
41		es" to [29] then: t receive anti-coagulation f	following the fourth procedure?
	O Yes O Unknown		○ No○ N/A - already on anticoagulants
42a		es" to [29] then: t undergo any further proc	edures for their acute limb ischaemia?
	O Yes	O No	O Unknown

answered "Yes ease provide do			

I. Discharge Planning & Follow Up

	arge from hospital					
a. Dis	scharge location:					
Ŏ	Usual residence Intermediate care Transfer to other ho Unknown	ospital		Transfer ba	esidential home ack to "Spoke" ho t died in hospital	•
lf n	ot listed above, plea	se specify here	2			
	answered "N/A- Pa nat was the cause		hospital" to [1a] then:		
. If a	answered "N/A- Pa nat was the date a	tient died in l nd time of de	hospital" to [ath?	la] then:		
				☐ Un	known	
"Tr	answered "Usual ro ransfer back to "Sp d the patient requi	ooke" hospita	ıl" or "Unkno	wn" to [1a] t	then:	te care",
0	Yes	O No	(Linknown		
	answered "Yes" to ease give details o) Unknown		
) Unknown		
B. If a "Tr Ple		esidence", "Nooke" hospita nation of the	ursing / residul" or "Unknow patient's Roc	lential home wn" to [1a] t ckwood Clini s://www.engla	then: ical Frailty Scor	re on discharge:

	What long term risk None recorded Smoking cessation	managen	nent was prov	/iaea on aisci			
PI	I ()coupational Thora		☐ Exercise ☐ Vaping ces		☐ Antiplatelets ☐ COMPASS regimen		
PI	☐ Occupational Thera☐ Lipid lowering	ру	☐ Physiother☐ Diabetes n	apy nanagement	☐ Anti-coagulation☐ Unknown		
	Please specify any additional options here						
	f answered "Usual ro Vas ultrasound surv			esidential ho	me" or "Unknown" to [1a] then		
) Yes	O No		O Unknow	ו		
"-	Transfer back to "Sp	poke" hos	spital" or "Un	known" to [1a	me", "Intermediate care", n] then: ne time of discharge?		
) Yes	O No		O Unknow	ı		
	If answered "Yes" to [6a] then: Who was the follow-up appointment with?						
	☐ Vascular surgeon	☐ Vaso	cular nurse				
<u>Pl</u>	lease specify any addi	tional opti	ons here				
_	n acute deterioration)II:					
b. If	Yes" to [7a] then:		_	Unknow	n me" or "Unknown" to [1a] and		
/b. If	f answered "Usual re	esidence'	_	•			
7b. Iff	f answered "Usual re Yes" to [7a] then: Vhat information we	esidence' ere they g esidence'	jiven? ', "Nursing / r spital" or "Un	residential ho	me" or "Unknown" to [1a] and		
7b. If W Sa. If	f answered "Usual re Yes" to [7a] then: Vhat information we f answered "Usual re Transfer back to "Sp	esidence' ere they g esidence'	jiven? ', "Nursing / r spital" or "Un	residential ho	me" or "Unknown" to [1a] and me", "Intermediate care", a] then:		

"Transfer back	9. If answered "Usual residence", "Nursing / residential home", "Intermediate care", "Transfer back to "Spoke" hospital" or "Unknown" to [1a] then: Did the patient have a major amputation within 30 days of discharge?				
O Yes	○ No	O Unknown			
"Transfer back	c to "Spoke" hospital" (sing / residential home", "Intermediate care", or "Unknown" to [1a] then: admission to hospital?			
O Yes	O No	O Unknown			
		ed opportunities, delays or room for improvement in any point in the pathway of care?			
O Yes	○ No	Unknown			
11b.If answered "\ Please provide					

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE By doing so you have contributed to the dataset that will form the report and recommendations due for release in late 2025