

Acute Limb Ischaemia: Definitions

Word

Definition

“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.

6 'P's

Symptoms associated with (acute) limb ischaemia. Pain, Pulselessness, Pallor, Poikilothermia (Perishingly Cold), Paresthesias, Paralysis

Rutherford Score

A staging system of limb ischaemia. This classification differs between chronic limb ischaemia and acute limb ischaemia. For acute limb ischaemia:

- **Stage I** – Viable limb. There is usually at least some arterial signal that can be picked up with Doppler.
- **Stage IIa** – Mild sensory deficit and no motor deficit.
- **Stage IIb** – Severe sensory deficit. It is typically more than just the toes. There could also be rest pain. There could be motor deficit. Limb salvage depends on immediate treatment. Fasciotomies are often required.
- **Stage III** – Irreversibly non-viable limb. Sometimes patients with stage III undergo amputation. Very early treatment can rarely result in some degree of reversal.

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| Index Admission | The hospital admission we have selected for this study, from admission to hospital (spoke or hub) through to discharge. |
| Current Episode | The episode of care that relates to the Index Admission, from admission to discharge. This <i>does not</i> include admissions in the two weeks surrounding the Index Admission, although they may stem from the same episode of Acute Limb Ischaemia. It <i>does</i> include admissions to and transfers from a spoke hospital, prior to treatment at a hub hospital. |
| CTA | Computer Tomography Angiography |
| US | Ultrasound |
| DUS | Doppler Ultrasound |
| MRA | Magnetic Resonance Angiography |
| Rockwood Frailty Score | A global clinical measure of a person's vulnerability to poor outcomes. rockwood-frailty-scale .pdf |
| Level 1 Care | Enhanced Care. This includes: <ul style="list-style-type: none"> • Patients requiring more detailed observations or interventions, including basic support for a single organ system and those 'stepping down' from higher levels of care. • Patients requiring interventions to prevent further deterioration or rehabilitation needs which cannot be met on a normal ward. • Patients who require on going interventions (other than routine follow up) from critical care outreach teams to intervene in deterioration or to support escalation of care. |

- Patients needing a greater degree of observation and monitoring that cannot be safely provided on a ward, judged on the basis of clinical circumstances and ward resources
- Patients who would benefit from Enhanced Perioperative Care.

Level 2 Care

Critical Care. This includes:

- Patients requiring increased levels of observations or interventions (beyond level 1) including basic support for two or more organ systems and those 'stepping down' from higher levels of care.
- Patients requiring interventions to prevent further deterioration or rehabilitation needs, beyond that of level 1.
- Patients needing two or more basic organ system monitoring and support.
- Patients needing one organ systems monitored and supported at an advanced level (other than advanced respiratory support).
- Patients needing long term advanced respiratory support.
- Patients who require Level 1 care for organ support but who require enhanced nursing for other reasons, in particular maintaining their safety if severely agitated.
- Patients needing extended post-operative care, outside that which can be provided in enhanced care units: extended postoperative observation is required either because of the nature of the procedure and/or the patient's condition and co-morbidities.
- Patients with major uncorrected physiological abnormalities, whose care needs cannot be met elsewhere. Patients requiring

nursing and therapies input more frequently than available in level 1 areas.

Level 3 Care

Critical Care. This includes:

- Patients needing advanced respiratory monitoring and support alone.
- Patients requiring monitoring and support for two or more organ systems at an advanced level.
- Patients with chronic impairment of one or more organ systems sufficient to restrict daily activities (co-morbidity) and who require support for an acute reversible failure of another organ system.
- Patients who experience delirium and agitation in addition to requiring level 2 care.
- Complex patients requiring support for multiple organ failures, this may not necessarily include advanced respiratory support.