

Pathway for Preventing and Managing Vascular Wounds

A vascular wound is defined as a wound with arterial insufficiency as a result of macro- and/or microvascular disease as identified by clinical exam (e.g., non-palpable pulses, cyanotic appearance) and supported by objective evaluation (e.g., ankle-brachial index [ABI], toe-brachial index [TBI], toe pressures) based on current guidelines. Patients with normal macrovascular blood flow may still have microvascular disease. Arterial insufficiency frequently occurs with diabetes-related complications, venous insufficiency or other etiologies. It is strongly recommended that all lower-limb wounds be considered a vascular wound until proven otherwise.

Person with vascular disease or risk factors with no history of vascular wounds or tissue loss

Goal: Prevent vascular wound

Time frame: Regular (every 3 to 12 months)

Assessment

- Complete holistic assessment
- Full vascular screen for poor blood flow, including absent foot pulses, lower-limb pain at rest, night or with walking, cool lower-limb, wounds, tissue loss



Plan of Care

- Assess physical and mental health, including social determinants of health, and make appropriate referrals
- Refer for vascular studies and/or to vascular specialist (time is tissue)
- Self-management education, including exercise rehabilitation
- Cardiovascular risk factor modification, including smoking cessation and diabetes management
- Pressure relief, edema management and trauma avoidance to prevent wounds



Re-screening, Reassessment and Evaluation of Interventions

- Every 3 to 12 months based on level of risk



Person with vascular disease with current vascular wound or tissue loss

Goal: Treat vascular wound and preserve limb

Time frame: Urgent (within 24 to 72 hours depending on severity) and ongoing

Assessment

- Vascular assessment, including lower-limb vascular examination
- Wound, infection and causative factor assessment



Plan of Care

- Rapid access to vascular specialist for vascular medical and/or surgical management
- Identify and manage wound and bone infection
- Urgently treat acute infection, abscess and/or rapidly evolving tissue loss
- Develop a vascular wound care plan and respond to wound trajectory
- Consider advanced therapies to expedite healing



Re-screening, Reassessment and Evaluation of Interventions

- Continually reassess vascular and wound status
- Continue prevention recommendations



Person with vascular disease with remission of vascular wound

Goal: Prevent recurrence of vascular wound

Time frame: Frequent (every 1 to 12 months)

Assessment

- Ongoing surveillance based on history of previous vascular wound



Plan of Care

- Ensure ongoing adequate blood flow to support tissue integrity
- Continue prevention recommendations
- Mobility support (e.g., preventative orthotics, walking and mobility devices)
- Rapid access (within 24 to 72 hours) back to wound specialist for any recurrent wound
- Refer back to vascular specialist for recurrent or worsening lower-limb issues (e.g., pain, infection, edema, weeping, tissue loss)



Re-screening, Reassessment and Evaluation of Interventions

- Every 1 to 12 months based on identified risk
- Monitor high risk areas for recurrence



Relative financial burden: \$



Relative financial burden: \$ \$ \$ \$ \$ +



early
vascular
care

Antibiotic use:



late
vascular
care

Relative financial burden: \$ \$



Care delivery
location:



home



general community
care clinic



specialized wound
care clinic



acute care limb
preservation centre



virtual
care