

Vascular Hx

GLOBAL MARK			
CLEAR PASS	BORDERLINE PASS	BORDERLINE FAIL	FAIL

Criteria

Introduces Self, confirms patient identify, Washes hands,	2, 1
Offers analgesia, ensures comfort of patient	2
Confirms nature of the problem	1
Time of onset Nature of onset, acute, gradual	1
<p>SOCRATES</p> <p>Rest Pain?</p> <p>Intermittent claudication?</p> <p>How far can you walk before you get the pain (claudication distance)</p> <p>Is it getting worse or better?</p> <p>Pain is worse in distal parts (more ischaemia)</p> <p>6 P's [Pain, Pallor, Pulselessness, Paresthesia, Perishingly Cold, Paralysis]</p>	
Unilateral or bilateral?	
Numbness or tingling?	
Limb feels cold?	
<p>Risk Factors</p> <p>Cigarette smoking, hypertension, diabetes, high cholesterol, DM</p>	
PMH	
DH and allergies	
Examination	
Inspects for hair loss, atrophy, loss of s/c fat (champagne legs), haemosiderin staining, cyanosis,	
Looks at feet, inspects between toes, and under heels	
Swelling/oedema	
Vascular angle – Buerger's test, and dependent rubor.	
<p>Feels</p> <p>Temp</p> <p>Peripheral CRT</p>	
<p>Pulses</p> <p>Femoral</p> <p>Popliteal</p> <p>Posterior tibial</p> <p>Doralsis pedis</p>	

Auscultates Bruits femoral and popliteal	
Asks for ABPI 1-1.2 = normal 0.6-0.8 = claudicant 0.2-0.4=critical DM's have falsely elevated ABPs because of calcfication.	
Management based on Rutherford classification	
Wants to heparinize patient	
TOTAL	