COVID-19 SITUATION v1.3
Lower Limb Amputation Prevention Guidance

This pathway guidance has been developed by a collaborative group of expert clinicians in FDUK, to support all lower-limb clinicians during the COVID-19 situation in line with current best practice. The guidance is to assist the identification and management of people with critical/limb-threatening ischaemia or infection. The aim is to focus clinical assessment and decisions on urgent triage, referrals & access to High Risk Foot Podiatry, Hospital Vascular, Diabetes Foot, Infectious Diseases or Orthopaedic/ Podiatric Surgeon Teams, for potential life and limb-saving treatments

New onset severe foot pain or leg/foot ulcer, in any clinical setting
Prior to patient assessment, follow local COVID-19 protocol
 Undertake assessment for critical or limb-threatening ischaemia/infection

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 only
- Foot pulses non-palpable or monophasic on Doppler (asymptomatic)
- Mild foot or leg infections, with shallow ulcers & local erythema < 2cm from edge. + no signs of tracking or sepsis* 
- Acute Charcot feet without infection (to be completely rested/offloaded)

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

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 for more than 2 weeks*
- New gangrene or necrosis

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

Discuss these limb-threatening emergencies urgently with either: High Risk Foot Podiatry, Hospital Vascular, Diabetes Foot, Infectious Diseases or Orthopaedic/Podiatric Surgeon Multi-Disciplinary Teams, according to local availability

If the clinical situation appears acutely life or limb-threatening with ischaemia, contact the Vascular Team or the on-call Vascular/Surgical Team immediately to discuss

If sepsis is suspected, send person immediately to local hospital emergency department (sepsis could be foot related, but alternatively be due to COVID-19)

* symptoms or signs may be subdued and some could be absent, if person has diabetes

Important Multi-Disciplinary Team Contact Numbers, for support with triage and amputation prevention
- High Risk Foot Podiatry:
- Vascular:
- Diabetes Foot:
- Infectious Diseases:
- Orthopaedic / Podiatric Surgeon:

Published Lower Limb Guideline sources:

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