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| **A.** | **Patient referred by:** |
|  | [ ]  | Vascular surgeon | Dr. |  |  |
|  | [ ]  | Interventional radiologist | Dr. |  |  |
|  | [ ]  | Other : | Dr. |  | Specialty: |  |
| **B.** | **Patient referred with diagnosis of acute peripheral arterial insufficiency. Documentation of APAI by:** |
|  | [ ]  | Arteriography |  |  |  |
|  | [ ]  | CT angiography |  |  |  |
|  | [ ]  | MR angiography |  |  |  |
|  | [ ]  | Other : | Specify |  |  |  |
| **C.** | **Etiology of APAI:** |
|  | [ ]  | Reconstruction/graft thrombosis |  |  |
|  | [ ]  | Iatrogenic trauma |  |  |
|  | [ ]  | Native thrombosis |  |  |
|  | [ ]  | Embolism |  |  |
|  | [ ]  | Peripheral aneurysm with embolus or thrombus |
|  | [ ]  | Other : | Specify |  |
| **D.** | **Primary treatment of APAI:***(should have received anticoagulation and must have at least one of the other noted interventions; check all that apply)* |
|  | [ ]  | Heparin anticoagulation |  |  |
|  | [ ]  | Pharmacologic thrombolysis |  |  |
|  | [ ]  | Percutaneous aspiration thromboembolectomy (PAT) |
|  | [ ]  | Percutaneous mechanical thromboembolectomy  (PMT) |
|  | [ ]  | Amputation |  |  |
|  | [ ]  | Other : | Specify |  |
|  | **Additional Guidance** |
| **1.** | APAI is an acute and frequently limb-threatening event. This diagnosis is not appropriate for a patient with a chronic wound healing deficiency. |
| **2.** | Immediate thrombolectomy-embolectomy is first line therapy and considered imperative to support limb viability. |
| **3.** | HBO represents secondary therapy. It is occasionally employed upon restoration of extremity perfusion if concern remains about the health of distal tissues. It has been provided pre-operatively on rare occasion when delays in surgical intervention are unavoidable. Any such pre-op use is likely to be the exception.  |
| **4.** | HBO therapy’s benefit is likely to be optimized when started immediately post-interventional procedure, ideally within several hours. It is typically initiated twice or three times daily, dropping to once daily within 24-48 hours and as the clinical picture evolves. A typical hyperbaric course is 8-12 treatments, with utilization review at 14 treatments. If HBO is provided on an outpatient basis, treatments should not be interrupted over weekends.  |