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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. | | | | | | | | | | | | | | | | | | | | | |