National Wound Care Strategy Programme

Venous Disease - Assessment and Referral Form

(refer to supporting information for clarification)

Screening question for referral	
1 Does patient have any of the following? • Symptomatic primary or symptomatic recurrent varicose veins • Lower limb skin changes, such as pigmentation or eczema thought to be caused by chronic venous insufficiency • Superficial vein thrombosis and suspected venous incompetence • A venous leg ulcer (break in the skin below the knee that has not healed within 2 weeks) • A healed venous leg ulcer	☐ Yes / No ☐
Screening questions for URGENT referral	
2 Does the patient have a static or deteriorating venous leg ulcer despite optimum compression therapy?	☐ Yes / No ☐
3 Has the patient had acute venous bleeding from the leg requiring first aid treatment?	☐ Yes / No ☐

If you answer YES to question 1,2 OR 3, please continue referral.

STOP, **THINK**, is the patient you are considering referring suitable for a vascular referral which might end in surgery? If unsure and would like to discuss, please use 'Advice and Guidance' via eRS or call your local team (details above).

Admit patient as an emergency if there is: clinical evidence of severe infection/sepsis with systemic signs eg. tachycardia, pyrexia, hypotension, or patient feeling unwell, or spreading cellulitis, crepitus or significant deterioration over a short period of time.

Refer to DVT services: if there is suspected acute deep vein thrombosis or superficial vein thrombosis.

Consider using the Peripheral Arterial Disease/Chronic Limb Threatening Ischaemia referral form: if you suspect poor arterial blood supply.

Patient details	
Name Address	NHS Number Date of Birth
Patient contact phone number	
GP details	
Date of assessment	Date of referral
Transport requirements	
Already known to Vascular ☐ Yes / No ☐ **If Yes** check if the referral is still active.	
Wound Image attached ☐ Yes / No ☐	
Reason for referral	

Referrer details	
Name	Contact details
Role	Date

Send your referral to your local team detailed on page 1.

Functional status
Rockwood Clinical Frailty Scale (1-9):

History / Examination - please circle/tick		
☐ History of DVT	☐ Fixed or restricted ankle movement	☐ History of leg fracture / replacement joints
☐ Oral contraceptive / HRT medication	☐ Previous varicose vein treatment	☐ History of superficial vein thrombosis

Signs of venous disease (CEAP)	Left		Right	
	Tick if Yes	Duration	Tick if Yes	Duration
Symptoms of venous disease eg. ache, pain, tightness, itch, heaviness	☐		☐	
Telangiectasia or reticular veins	☐		☐	
Varicose veins	☐		☐	
Oedema	☐		☐	
Changes in skin and subcutaneous tissues	☐		☐	
Pigmentation or eczema	☐		☐	
Lipodermatosclerosis or atrophie blanche	☐		☐	
Corona phlebectatica (ankle flare)	☐		☐	
Healed ulcer	☐		☐	
Active venous ulcer	☐		☐	

Additional Information - do not delay referral if this section cannot be completed		
Date of ABPI:	**Left**	**Right**
Dorsalis pedis pressure (A)		
Posterior tibial pressure (A)		
Brachial systolic pressure (B)		
Calculate ABPI by dividing the highest pressure (A) on each foot by the highest pressure (B)		
Ankle Brachial Pressure Index (ABPI)		

Please send with GP summary of past medical history and medications if available.

Supporting Information

The aim of this referral form is to promote appropriate, timely referrals to vascular surgery services for people with suspected venous insufficiency that may benefit from endovenous ablation or other vascular surgery such as sclerotherapy, ligation, and stripping[1]. If you answer no to the screening questions, then please consider alternative diagnoses. The referral form has been built to be edited collaboratively by primary care teams and vascular surgery services, to ensure referral pathways are developed that work for both sets of clinicians and their patients.

Screening Questions

1. Does patient have any of the following?

- **Symptomatic primary or symptomatic recurrent varicose veins**
- **Lower limb skin changes, such as pigmentation or eczema thought to be caused by chronic venous insufficiency**
- **Superficial vein thrombosis and suspected venous incompetence**
- **A venous leg ulcer (break in the skin below the knee that has not healed within 2 weeks)**
- **A healed venous leg ulcer**

The risk factors for venous disease include:

- History of DVT and / or superficial vein thrombosis (superficial thrombophlebitis)
- History of fixed or restricted ankle movement
- Leg fracture / replacement joints

Visual signs of venous disease include the following, which have been identified within the CEAP classification[2]:

- Telangiectasia or reticular veins
- Varicose veins
- Oedema
- Changes in skin and subcutaneous tissue
- Pigmentation or eczema
- Lipodermatosclerosis or atrophie blanche
- Corona phlebectatica
- Healed ulcer
- Active venous ulcer

A venous leg ulcer is as an open lesion between the knee and malleoli that remains not healed within 2 weeks in the presence of venous disease[3].

Screening questions for URGENT referral

2. Does the patient have a static or deteriorating venous leg ulcer despite optimum compression therapy?

Optimum therapy is defined as, strong compression as in an elastic compression system that is intended to apply at least 40mmHg at the ankle or a non-elastic (e.g. short stretch) system applied at full stretch[4].

These patients may require assessment sooner than those whose ulcers are healing.

3. Has the patient had bleeding varicose veins from the leg requiring first aid treatment?

Bleeding veins require urgent attention especially if bleeding is heavy and does not stop with elevation and pressure.

NHS e-Referral Service (e-RS) advice and guidance

NHS e-Referral Service (e-RS) advice and guidance gives providers the facility to have two-way digital conversation with referring clinicians, to support patient care, provide referral management education, and reduce unnecessary hospital referrals.

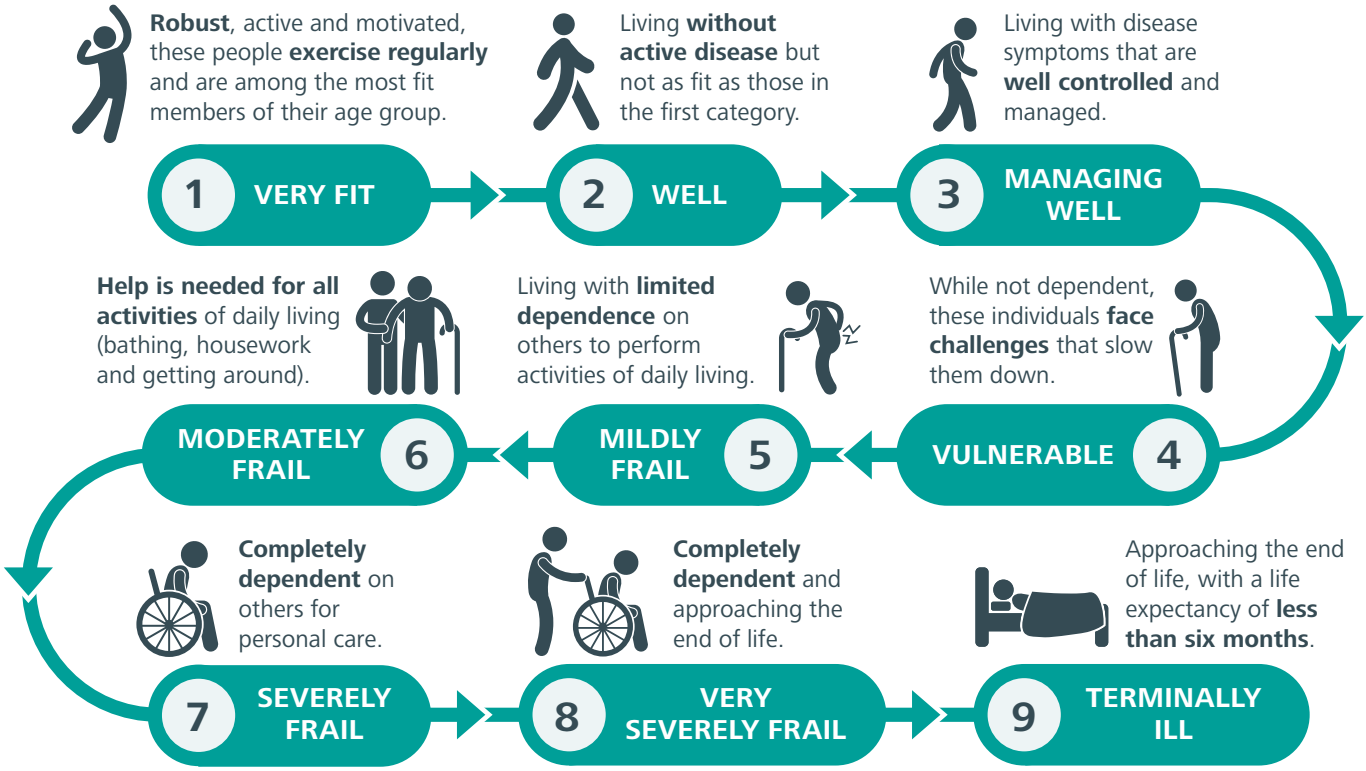
Please see below for more information

https://digital.nhs.uk/services/e-referral-service/document-library/advice-and-guidance-toolkit/advice-and-guidance-for-gps-and-referring-clinician-teams

Functional status

Functional status indicates whether a surgical procedure may be appropriate prior to offering an appointment for a full assessment.

The Rockwood Frailty Score[5] - measuring frailty in your patients using the clinical frailty scale



If the patient is very frail, disabled or lacks capacity, or receiving palliative care, please discuss the proposed referral with the patient, their carers, other involved clinicians, and the vascular team before making a referral.

Ankle Brachial Pressure Index

An ankle brachial pressure index (ABPI) is an objective measure of perfusion. An ABPI of 0.8 - 1.3 indicates that the arterial supply is adequate to heal an ulcer if other aspects of ulcer care are optimised. If an ABPI is performed, it should be done on both legs.

References

1. Gohel, M. S., Heatley, F., Liu, X., Bradbury R., Blubulia M.D et al 2018. A Randomized Trial of Early Endovenous Ablation in Venous Ulceration. New England Journal of Medicine,378, 2105- 2114. Available at: www.nejm.org/doi/full/10.1056/NEJMoa1801214
2. De Maeseneer, M.G., Kakkos, S.K., Aherne, T., Baekgaard, N., Black, S., Blomgren, L., Giannoukas, A., Gohel, M., de Graaf, R., Hamel-Desnos, C. and Jawien, A., 2022. European Society for Vascular Surgery (ESVS) 2022 Clinical Practice Guidelines on the Management of Chronic Venous Disease of the Lower Limbs. European Journal of Vascular and Endovascular Surgery. Page 9
3. NICE Varicose veins: diagnosis and management Clinical guideline [CG168] 2013. Available at: www.nice.org.uk/guidance/cg168
4. www.nationalwoundcarestrategy.net/wp-content/uploads/2021/04/Lower-Limb-Recommendations-WEB-25Feb21.pdf (accessed 14th June 2022)
5. Rockwood, K., Song, X., MacKnight, C., Bergman, H., Hogan, D. B., McDowell, I., & Mitnitski, A. (2005). A global clinical measure of fitness and frailty in elderly people. CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne, 173(5), 489–495. www.doi.org/10.1503/cmaj.050051