



DT9420

ADULT CONSULTATION FOR VASCULAR OR ENDOVASCULAR SURGERY

Note: Refer to the clinical alerts on the back of the form and favor, if available, the protocols of the Accueil Clinique before filling it out.

| | | | |
|-------------------------------|--|-------------------------------|-------|
| Patient's first and last name | | | |
| Health insurance number | | Year | Month |
| | | Expiry | |
| Parent's first and last name | | | |
| Area code Phone number | | Area code Phone number (alt.) | |
| Address | | | |
| Postal code | | | |

| Reason for consultation | | Clinical priority scale: A: ≤ 3 days B: ≤ 10 days C: ≤ 28 days D: ≤ 3 months E: ≤ 12 months | | |
|---|--|---|--|--|
| Arterial Insufficiency | <input type="checkbox"/> PVD with critical ischemia (gangrene, ischemic rest pain, or new foot wound of < 2 weeks) | B | | |
| | <input type="checkbox"/> PVD with critical ischemia with dry gangrene or chronic wound (> 2 weeks) | C | | |
| | Intermittent claudication | <input type="checkbox"/> Rapidly evolving | C | |
| | | <input type="checkbox"/> Severe and incapacitating | D | |
| | | <input type="checkbox"/> Stable | E | |
| Carotid Stenosis | <input type="checkbox"/> Severe asymptomatic carotid stenosis (> 70%) | D | | |
| Vascular Diagnostic Lab | (Please give description of signs and symptoms in "Suspected diagnosis" section below) | | | |
| | <input type="checkbox"/> Carotid Duplex Ultrasound (exam and consultation) | E | | |
| | <input type="checkbox"/> Arterial Doppler exam to evaluate for arterial insufficiency | E | | |
| | <input type="checkbox"/> Ankle brachial index (ABI) prior to prescription for support stockings | D | | |
| | | Asymptomatic Aneurysm | Abdominal Aorta ¹ | |
| | | | <input type="checkbox"/> 50-70 mm | C |
| | | | <input type="checkbox"/> 45-49 mm | D |
| | | | <input type="checkbox"/> Rapid growth regardless of diameter (> 6 mm in 6 months or > 10 mm/year) | C |
| | | | Descending thoracic aorta ² (Prerequisite: TDM or ETT report) | <input type="checkbox"/> ≥ 60 mm C <input type="checkbox"/> < 60 mm E |
| | | | Iliac artery | <input type="checkbox"/> ≥ 30 mm C <input type="checkbox"/> < 30 mm E |
| | | Popliteal artery | <input type="checkbox"/> ≥ 20 mm C <input type="checkbox"/> < 20 mm E | |
| | | Visceral aneurysm (renal, splenic, mesenteric) | <input type="checkbox"/> ≥ 20 mm C <input type="checkbox"/> < 20 mm E | |
| | | <input type="checkbox"/> Visceral aneurysm in a woman of childbearing age | Any diameter B | |
| | | Venous Insufficiency | <input type="checkbox"/> Venous stasis ulcer with failure of medical management or recurrent ulcer (CEAP ≥ 4/6) ³ | D |
| | | | <input type="checkbox"/> Varicose veins | E |
| <input type="checkbox"/> Other reason for consultation or clinical priority modification (MANDATORY justification in the next section): | | | Clinical priority | |
| Suspected diagnosis and clinical information (mandatory) | | | If prerequisite is needed : | |
| | | | <input type="checkbox"/> Available in the QHR <input type="checkbox"/> Attached to this form | |
| Special needs: | | | | |
| Referring physician identification and point of service | | | Stamp | |
| Referring physician's name | | Licence no. | | |
| Area code Phone no. | Extension | Area code Fax no. | | |
| Name of point of service | | | | |
| Signature | Date (year, month, day) | | | |
| Family physician: <input type="checkbox"/> Same as referring physician <input type="checkbox"/> Patient with no family physician | | | Registered referral (if required) | |
| Family physician's name | | | If you would like a referral for a particular physician or point of service | |
| Name of point of service | | | | |

Legend

- ¹ Primary care physician should follow patients with annual ultrasound exams if AAA < 45mm diameter (Refer to guidelines: www.choosingwiselycanada.org/recommendations/vascular-surgery/)
- ² Aneurysm of **descending** thoracic aorta: use this form to refer to vascular surgery
Aneurysm of **ascending** thoracic aorta: refer directly to cardiac surgery and not to CRDS
- ³ Clinical classification of venous insufficiency (CEAP)

| CEAP | Clinical Classification | CEAP | Clinical Classification |
|------|------------------------------------|------|--|
| C1 | Telangiectasias or reticular veins | C4 | Stasis dermatitis or hyperpigmentation |
| C2 | Varicose veins | C5 | Healed stasis ulcers with scarring |
| C3 | Edema | C6 | Active venous stasis ulcer |

For more information about vascular and endovascular surgery, refer to the association site: www.acvq.quebec

Reasons for priority A consultation:

For all situations that requires a priority A, including these following reasons, communicate with the vascular surgeon on call in your area :

- Suspicion of recent ischemia (< 14 days) **no residual motor or sensory deficit**
- **Documented** carotid stenosis $\geq 50\%$ with TIA, amaurosis fugax or recent CVA
- Abdominal aorta > 70 mm

Clinical alerts (non-exhaustive list)

Refer the patient to the Emergency-department

- Suspicion of acute ischemia **with motor or sensory deficit** of upper or lower extremity or suspicion of mesenteric ischemia
- All aneurysms associated with pain or suspicion of rupture (aortic, visceral or limbs)
- Suspicion of vascular infection (native artery or prosthetic graft)
- Acute hemorrhage or risk of hemorrhage, external or internal (vascular trauma, hemorrhage from vascular access for hemodialysis, acute aortic dissection, expanding hematoma, etc.)
- Wet gangrene or suspicion of necrotizing infection of the foot
- Plantar abscess with sepsis in a patient with suspected or known arterial insufficiency
- Suspicion of TIA or CVA with motor or sensory deficit or trouble with speech, fluctuating or transient during < 48 h or
Use the Accueil clinique for (if available) and, depending on the patient's condition