

**Doppler (ABPI) assessment recording form**

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| --- | --- | --- | --- | --- | --- | --- |
| **Date** |  | | **Patient name** | | | **DOB** |
| **Systolic pressure** | | **Left** | | **Tri, Bi or Monophasic sound** | **Right** | **Tri, Bi or Monophasic sound** |
| **Brachial** | |  | |  |  |  |
| **Dorsalis pedis** | |  | |  |  |  |
| **Posterior tibial** | |  | |  |  |  |
| **Other (State which)** | |  | |  |  |  |
| **Highest Pedal** | |  | |  |  |  |
| **÷ by Highest Brachial** | |  | |  |  |  |
| **= ABPI** | |  | |  |  |  |

|  |  |
| --- | --- |
| **Aetiology** | **Tick** |
| **Venous** |  |
| **Mixed** |  |
| **Arterial** |  |

|  |  |
| --- | --- |
| **Patient position - Supine, semi supine, other (please state)** |  |

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| --- | --- |
| **Probe size used** | **Tick** |
| **5 MHz** |  |
| **8 MHz** |  |

|  |  |
| --- | --- |
| **Cuff size** | **Tick** |
| **Standard (Adult)** |  |
| **Large (adult)** |  |
| **Small** |  |

|  |  |  |
| --- | --- | --- |
| **General comments** |  | |
| **Clinician name & signature** | |  |

**Interpretation of ABPI**

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| ABPI 1.0-1.3 | Normal | Apply high compression therapy as per local formulary & guidelines  Re Doppler every 12 months or sooner if patient develops ischaemic pain. |
| ABPI = 0.8 - 1.0 | Mild arterial disease | Apply high compression therapy as per local formulary & guidelines. The micro circulation of patients with diabetes can be vulnerable so pay particular attention to pressure points when applying the protective wool layer.  Re Doppler every 6 months or sooner if patient develops ischaemic pain or ulcer fails to progress. |
| ABPI 0.6 - 0.8 | Significant arterial disease | If asymptomatic re pain (i.e. ischaemic pain/ claudication pain) and wound progressing, consider reduced compression therapy and monitor closely. Re Doppler every 3 months or sooner if becomes symptomatic.  If symptomatic re pain, and wound is static or non healing refer to vascular consultant (Routine) |
| ABPI < 0.6 | Severe arterial disease | Urgent referral to vascular consultant. Re Doppler every 3 months. **Do not** apply any compression therapy |
| ABPI > 1.3 | Medial wall calcification | Refer to tissue viability for advice.  If diabetic, discuss with podiatry clinic at Churchill.  Compression therapy can be advocated in this group of patients as an interim measure before a vascular appointment. Prior to commencing this it is suggested that clinicians discuss the option with the tissue viability team.  Re doppler every 3 months. |