



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	Aneurysm: consider only anteroposterior (AP) and transverse (T) diameter measurements. The presence of thrombus within the aneurysm does not influence level of urgency (<i>Prerequisite: imaging report</i>)
	<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	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 (<i>Prerequisite: TDM or ETT report</i>) <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 Visceral aneurysm in a woman of childbearing age Any diameter B
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		
Venous Insufficiency	<input type="checkbox"/> Venous stasis ulcer with failure of medical management or recurrent ulcer (CEAP ≥ 4/6) ³			D	
	Refer preferentially to wound care clinic when possible				
<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					
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