

PAD Terms and Definitions

BASELINE:

POA: Power of Attorney

Medical History:

CAD: Coronary Artery Disease (includes hx CABG and/or coronary stent(s) or PCI)

CHF: Congestive Heart Failure

CKD: Chronic Kidney Disease

COPD: Chronic obstructive pulmonary disease

CVA: Cerebrovascular Accident

TIA: Transient Ischemic Attack

EF: Ejection Fraction

LE: Lower Extremity

MI: Myocardial Infarction

Major Amputation: Above Knee Amputation (AKA) or Below the Knee Amputation (BKA)

Minor Amputation: Below the Ankle, including forefoot or toe(s)

Patient Reason: (e.g. patient refusal)

Medical Reason: (e.g. allergy/contraindication)

System Reason: (e.g. vaccine not available)

Chronic Kidney Disease Classification:

Class I: Kidney damage with normal kidney function (GFR \geq 90)

Class II: Kidney damage with mild loss of kidney function (GFR 89-60)

Class IIIa: Mild to moderate loss of kidney function (GFR 59-44)

Class IIIb: Moderate to severe loss of kidney function (GFR 44-30)

Class IV: Severe loss of kidney function (GFR 29-15)

Class V: Kidney failure (GFR <15)

Patient Medications

On Medication: Patient has a current prescription (pill count on hand is >1 or prescription end date is not specified or greater than today or is started today)

Antiplatelet Medications (common):

Aspirin, Clopidogrel, Prasugrel, Ticagrelor

Anticoagulation Medications (common):

Heparin, Enoxaparin (Lovenox), Dalteparin (Fragmin), Coumadin (Warfarin), Rivaroxaban (Xarelto), Dabigatran (Pradaxa), Apixaban (Eliquis), Vorapaxar (Zontivity)

Claudication/CLI Medications (common):

Cilostazol (AKA Pletal), Pentoxifylline (AKA Trental)

Statin Medications (common):

Atorvastatin (Lipitor), Fluvastatin (Lescol, Lescol XL), Lovastatin (Mevacor, Altoprev), Pravastatin (Pravachol), Rosuvastatin (Crestor), Simvastatin (Zocor), Pitavastatin (Livalo)

Non-Statin Lipid Lowering Medication (categories):

Bile Acid-binding resins, Fibrates, Omega-3s, PCSK9 inhibitors

Beta-Blocker Medication(s):

Metoprolol (Lopressor and Toprol), Carvedilol (Coreg), Atenolol (Tenormin), Propranolol (Inderal), Nebivolol (Bystolic), Bisoprolol (Zebeta)

****Physician Attestation for Documenting Patient**

Medications: Physician attests to documenting, updating or reviewing a patient's current medications using all immediate resources available on the date of encounter. **This list must include ALL known prescriptions, over-the counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosages, frequency and route of administration.**

PRE-PROCEDURE

Rutherford Classification:

0: Asymptomatic: documented PAD, without symptoms of claudication or ischemic pain

1: Mild claudication: ischemic limb muscle pain that does not limit walking or limits walking only after >2 blocks (>600 feet or 2 football fields)

2: Moderate claudication: ischemic limb muscle pain that limits walking to 1-2 blocks (300 to 600 feet or 1-2 football fields)

3: Severe claudication: ischemic limb muscle pain that limits walking to <1 block (<300 feet or 1 football field)

4: Ischemic rest pain: pain in the distal foot at rest thought to be due to limited arterial perfusion

5: Minor tissue loss: non-healing ischemic ulcer on distal leg or focal gangrene with diffuse pedal ischemia

6: Major tissue loss: ischemic gangrene extending above TM level, functional foot no longer salvageable without extensive revascularization efforts

WIFI Score:

WIFI Wound Grade Definitions:

1: Shallow: presence of small shallow ulcer on distal leg or foot, with any exposed bone being limited to distal phalanx (ie, minor tissue loss, limb salvage possible with simple digital amputation [1 or 2 digits] or skin coverage)

2: Deep: presence of deeper full-thickness ulcer or necrosis (gangrene) on distal leg or foot with exposed bone, joint or tendon, or shallow heel ulcer without involvement of the calcaneus (ie, major tissue loss, salvageable with 3 or greater digital amputations or standard TMA plus skin coverage)

3: Extensive: presence of extensive deep ulcer or necrosis (gangrene) of the forefoot or midfoot with exposed bone, joint, or tendon, or full-thickness heel ulcer with or without involvement of the calcaneus (ie, extensive tissue loss; salvageable only with complex foot reconstruction or nontraditional TMA [eg, Chopart or Lisfranc amputation])

WIFI Ischemia Definitions:

0: ABI \geq 0.80, Ankle systolic pressure $>$ 100 mm Hg and TP, TcPO₂ \geq 60 mm Hg;

1: ABI 0.6-0.79, Ankle systolic pressure 70-100 mm Hg and TP, TcPO₂ 40-59 mm Hg

2: ABI 0.4-0.59, Ankle systolic pressure 50-70 mm Hg and TP, TcPO₂ 30-39 mm Hg;

3: ABI \leq 0.39, Ankle systolic pressure $<$ 50 mm Hg and TP, TcPO₂ $<$ 30 mm Hg

WIFI foot Infection Grade Definitions:

0: No symptoms or signs of infection

1: Infection is present and at least two of following are present: local swelling or induration, erythema $>$ 0.5 to greater than 2 cm around ulcer, local tenderness or pain, local warmth, or purulent discharge; other causes of an inflammatory response of the skin have been excluded (eg, gout, fracture)

2: Local infection is present as defined for grade 1 but extends $>$ 2 cm around ulcer or involves structures deeper than the skin and subcutaneous tissues (eg, abscess, osteomyelitis, septic arthritis, fasciitis); no clinical signs of systemic inflammatory response

3: Local infection is present as defined for grade 2, but clinical signs of systemic inflammatory response are present as manifested by two or more of the following: temperature $>$ 38°C or $<$ 36°C; heart rate $>$ 90 beats/min, respiratory rate $>$ 20 breaths/min, or PaCO₂ $<$ 32 mmHg; white blood cell count $>$ 12,000 or $<$ 4000 cells/mm³, or $>$ 10% immature band forms present

Procedure Indications:

Acute Limb Ischemia: Acute ($<$ 2 wk), severe hypoperfusion of the limb characterized by these features: pain, pallor, pulselessness, poikilothermia (cold), paresthesias, and paralysis

Claudication: Fatigue, discomfort, cramping, or pain of vascular origin in the muscles of the lower extremities that is consistently induced by exercise and consistently relieved by rest (within 10 min).

Critical Limb Ischemia (CLI): A condition characterized by chronic (\geq 2 wk) ischemic rest pain, non-healing wound/ulcers, or gangrene in 1 or both legs attributable to objectively proven arterial occlusive disease

Maintenance of Patency: Procedure performed in a patient to maintain the patency of an arterial conduit and distal

Major Tissue Loss: extending above transmetatarsal level; functional foot no longer salvageable

Minor Tissue Loss: non-healing ulcer, focal gangrene with diffuse pedal ischemia perfusion in asymptomatic patient or in a routine basis (not entirely driven by symptoms)

PSV- Peak Systolic Velocity

Prevention of Aneurysm Complication: Procedure performed in asymptomatic patient with aneurysm to prevent complications i.e.: repair of AAA Type 2 endoleak

Treatment of Symptomatic Aneurysm: Procedure performed in a symptomatic patient with aneurysm

Exercise Program Definitions:

Structured: Program takes place in a hospital or outpatient facility. Program uses intermittent walking exercise as the treatment modality. Program can be standalone or within a cardiac rehabilitation program. Program is directly supervised by qualified healthcare provider(s). Training is performed for a minimum of 30–45 min/session; sessions are performed at least 3 times/wk for a minimum of 12 wk (24-34). Training involves intermittent bouts of walking to moderate-to-maximum claudication, alternating with periods of rest. Warm-up and cool-down periods precede and follow each session of walking.

Unstructured: None of the above applies

PROCEDURE DATA

ASA Classification Definitions:

ASA 1: A normal healthy patient

ASA 2: A patient with mild systemic disease

ASA 3: A patient with severe systemic disease

ASA 4: A patient w/ severe systemic disease that is a constant threat to life

ASA 5: A moribund patient not expected to survive without the operation

Sedation Definitions:

Minimal sedation: Drug-induced state during which patients respond normally to verbal commands.

Although cognitive function and physical coordination may be impaired, airway reflexes, and ventilatory and cardiovascular functions are unaffected.

Moderate (conscious) sedation: drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

Deep sedation: Drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or

painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate.

Cardiovascular function is usually maintained.

General anesthesia: Drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function.

Cardiovascular function may be impaired.

Calcification of target lesion treated:

Focal: <180° (1 side of vessel) and less than one-half of the total lesion length

Mild: <180° and greater than one-half of the total lesion length

Moderate: ≥180° (both sides of vessel at same location) and less than one-half of the total lesion length

Severe: >180° (both sides of the vessel at the same location) and greater than one-half of the total lesion length