

Wound Management Clinical Update

TAKING A SYSTOLIC TOE PRESSURE

Watch the video at https://vimeo.com/325560374



OUTCOME

The client will have a toe pressure performed to determine with other parameters the presence of peripheral arterial disease and the safety for,

- Compression of the lower limb
- Wound debridement
- The use of moist wound products

EQUIPMENT

- PPG probe
- Doppler
- Toe cuffs (Sizes 2.5cm and 1.9cm)
- Sphygmomanometer
- Adhesive tape (Micropore)

PREPARATION

- Explain the procedure to the client
- · Perform hand hygiene
- Ensure the client has been resting supine with feet at heart level for 5-10 minutes prior
- Check warmth of great toe. Toe needs to be >20°c
- Accuracy is affected by smoking, caffeine intake within 2 hours, tremors, client talking, hyperaemia and vaso-neural disorders E.g. Raynaud's phenomenon
- Connect the toe cuff to the sphygmomanometer
- Connect the PPG probe to the Doppler

PROCEDURE

- Place the toe cuff firmly around the base of the great toe
- The PPG probe should be placed on the distal pulp of the toe so that the probe is flat to the skin
- Secure probe using toe clip or fasten with adhesive tape
- Turn the doppler on and wait for a strong cyclical signal from the probe on the screen
- Evaluate the waveform quality (Is it clear and regular)
- Inflate the cuff slowly to 150 200mmHg or until the waveform flatlines
- Very slowly (about 3mmhg per second) deflate the cuff
- The first regular cyclical waveform on the screen in the point at which the pressure is measured
- Wait 3 minutes and repeat
- Take the average of the 2 readings
- Remove equipment, decontaminate equipment and perform hand hygiene
- Document results and treatment interventions on lower limb chart

RESULTS

- < 30 mmHg Severe ischaemia/ Necrosis may be present. Requires **URGENT** vascular referral
- 30 49mmHg Moderate occlusion/ Prominent ischaemia
- 50 74mmhg Mild occlusion/ Intermittent claudication may be present/ Asymptomatic PAD
- 75 130mm Hg Normal