

Patient Identification and Stratification

Step 1: Risk Factor Assessment

Add one point for each risk factor:

- Diabetes
- High blood pressure
- High cholesterol
- CKD
- Smoking (active or <10 yrs stopped)
- Coronary artery disease (PTCA, MI, angina)
- Family history of vascular disease
- Prior stroke or TIA
- Known peripheral (non-cardiac) vascular disease
- Absent foot pulses

- Immediate Referral and Vascular Testing:**
Non-healing foot wound (>2 weeks) without an identifiable cause (3 points)

Step 2: Risk Modification

- Smoking Cessation**
- Weight Reduction**
 - Consider GLP-1 inhibitor
 - Nutritional counseling
- Lipid Lowering Programs**
 - Moderate to high dose statin (40 mg atorvastatin or equivalent)
 - Repatha
- Exercise Program**

Step 3: Vascular Testing

Total score 3 or greater:

- ABI/TBI or lower extremity arterial imaging
- Baseline carotid duplex if not done within 5 yrs
- Baseline aortic US per guidelines
- Cardiac stress test or equivalent (PAD is a coronary equivalent)
- If symptomatic then immediate vascular referral

Total Score _____

Fast & Secure Referrals

Patient: _____ Date: _____

Referred by: _____

Copy to: _____

Ph: _____ Fax: _____

Email: _____

Referral: Consultation Procedure

Reason for Evaluation: _____

Schedule a Consultation

Led by nationally recognized experts, with a team of board-certified and fellowship-trained physicians and providers.



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Network Vascular Screening Program



ADVANCED INTERVENTIONAL & VASCULAR SERVICES

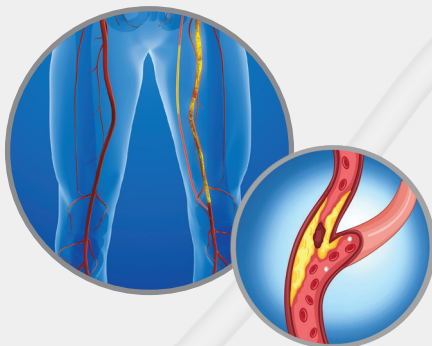
Healing Starts Here

Our goal is to identify patients at high risk for vascular, cardiac, and cerebral events, enabling risk modification, early diagnosis, targeted testing, and intervention. Led by Dr. John Rundback and Dr. Kevin Herman.



HUDSON
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PAD
**PERIPHERAL
ARTERY DISEASE:
ABI/PVR**

Non-Invasive Flow Studies:

Initial Screening Test for Suspected PAD:

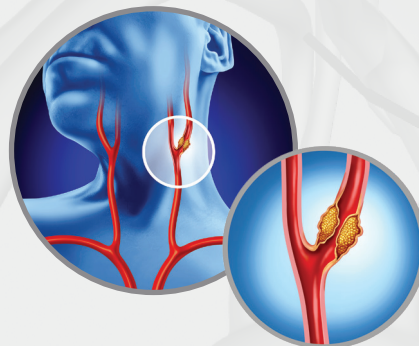
- Exertional leg symptoms
- Rest pain
- Non-healing wounds
- Evidence of atheroembolism (blue toes)
- Age 50 or older with prior smoking or diabetes (ABI only)
- Age 70 or over (ABI only)

When to Repeat Studies in Patients with PAD:

- New or worsening symptoms
- After each intervention (1 month) and then annually or with new symptoms
- Age 70 or over (ABI only)

Additional Testing:

- Arterial Imaging
- CTA / MRA
- Diagnostic Angiography



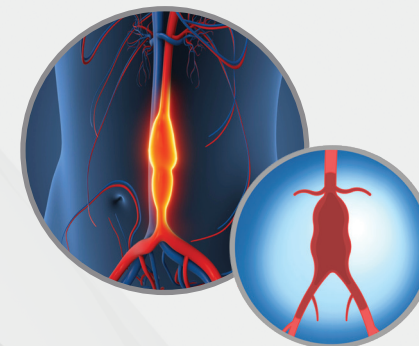
CAD
**CAROTID
ARTERY DISEASE**

**Indications for Carotid Ultrasound
and Vascular Referral:**

- Cervical bruit
- Stroke/TIA
- Vertebrobasilar symptoms (vertigo, diplopia, blurred vision)
- Amaurosis fugax
- Subclavian steal
- Gait abnormality
- Atherosclerosis in other vascular beds (coronary artery disease, PAD)

Follow-Up Studies if:

- New or worsening symptoms
- **Mild disease less than 50%:**
Every 12 months
- **ICA stenosis 50-69%:**
Every 6 months the first year, then 12 months thereafter
- **ICA stenosis greater than 70%:**
Every 3 to 6 months
- Any new symptoms



AAA
**ABDOMINAL
AORTIC ANEURYSM**

AAA Ultrasound Screening if:

- Men age 65-75 years who have ever smoked*
- Men age 55-75 years with first-degree relative with AAA*
- Aneurysmal/widened femoral or popliteal pulse
- Pulsatile abdominal mass
- Abdominal or femoral bruit
- History of other aneurysm (thoracic etc.)
- No specific guidelines for women, but consider screening women age 55-75 with first-degree relative with AAA

Follow-Up Studies if:

- **Less than 3 cm:** No further testing
- **3.0-3.9 cm:** Retest 3 years after initial study, then every 3 years until age 75
- **4.0-4.9 cm:** Retest at 6 months, then every 6-12 months until age 75
- **5 cm:** Referred for intervention or retested 6 months thereafter