Guidelines for Peripheral Vascular Injury

Neurovascular Exam

Normal
- Palpable pulses
- No hx PAD
- Normal motor/sensory
- Asymptomatic
- Observe and Monitor PMS

Abnormal

No Signs/symptoms but cannot feel pulse
- Assess
  - MD CTA
    - Consider MRA or CO2
    - Angio if CKD or ARDS
  - Normal
    - Monitor PMS serially
    - Compartment checks
    - Consider contrasted CTA if able to premedicate

Soft Signs/High Clinical Suspicion
- Post knee dx
- Supracondylar fx/dx
- Trajectory
- Assess
  - Abnormal +VE for PVI
  - OR
    - Consider “one-shot” angio
    - Consider consult to Ortho, Vascular, IR, PRS
    - Will angio/endovascular be needed?
      - consider Room 22
      - Consider fasciotomies
      - Consider temporary shunt
      - Heparin 5000 units IV bolus if clinically appropriate

Hard Signs or Unstable
Truncal trauma/severe TBI with urgent crani
- Assess
  - Consider vascular injury in context of overall trauma burden
  - OR
    - Consider vascular injury in context of overall trauma burden

≥0.

≤0.9

<0.

References:
- Peripheral Vascular Injuries in Trauma 3rd Ed. Mattox et.al Ch. 41
- Prospective Eval MDCT for extremity vasc trauma
  Inaba, et.al. J. Trauma 70(4)2011

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