Guidelines for Peripheral Vascular Injury

**Neurovascular Exam**

- **Normal**
  - Palpable pulses
  - No hx PAD
  - Normal motor/sensory
  - Asymptomatic
  - No Intervention

- **Abnormal**
  - No Signs/symptoms but cannot feel pulse
  - Assess with ABI
    - ≥0.9
      - CTA
        - Consider MRA or CO2
        - Angio if CKD or ARDS
        - Discuss with faculty
        - Normal
          - Monitor PMS serially
          - Compartment checks
          - Consider contrasted
    - ≤0.9
      - Assess ABI
        - <0.9
          - Notify faculty immediately
          - OR
          - Consider “one-shot” angio
          - Consider consult to Ortho, Vascular, IR, PRS
          - Will angio/endovascular be needed?
          - Consider fasciotomies
          - Consider temporary shunt
          - Heparin 5000 units IV bolus if clinically appropriate

- **Soft Signs/High Clinical Suspicion**
  - Post knee dx
  - Supracondylar fx/dx
  - Trajectory
  - Assess ABI
  - Consider vascular injury in context of overall trauma burden

- **Hard Signs or Unstable**
  - Truncal trauma/severe TBI with urgent crani
  - Consider vascular injury in context of overall trauma burden
  - Assess with ABI
    - Normal
      - ≥0.9
    - Abnormal
      - +VE for PVI
      - Notify faculty immediately
      - OR
      - Consider “one-shot” angio
      - Consider consult to Ortho, Vascular, IR, PRS
      - Will angio/endovascular be needed?
      - Consider fasciotomies
      - Consider temporary shunt
      - Heparin 5000 units IV bolus if clinically appropriate

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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