Guidelines for Peripheral Vascular Injury

Neurovascular Exam

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

- No Intervention

Abnormal

- Soft Signs/High Clinical Suspicion
- Post knee dx
- Supracondylar fx/dx
- Trajectory

- Assess ABI

≤0.9

CTA

- Consider MRA or CO2
- Angio if CKD or ARDS
- Discuss with faculty

- Normal

>0.9

Assess with ABI

≥0.9

Assess ABI

<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

Hard Signs or Unstable
Truncal trauma/severe TBI with urgent crani

Consider vascular injury in context of overall trauma burden

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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