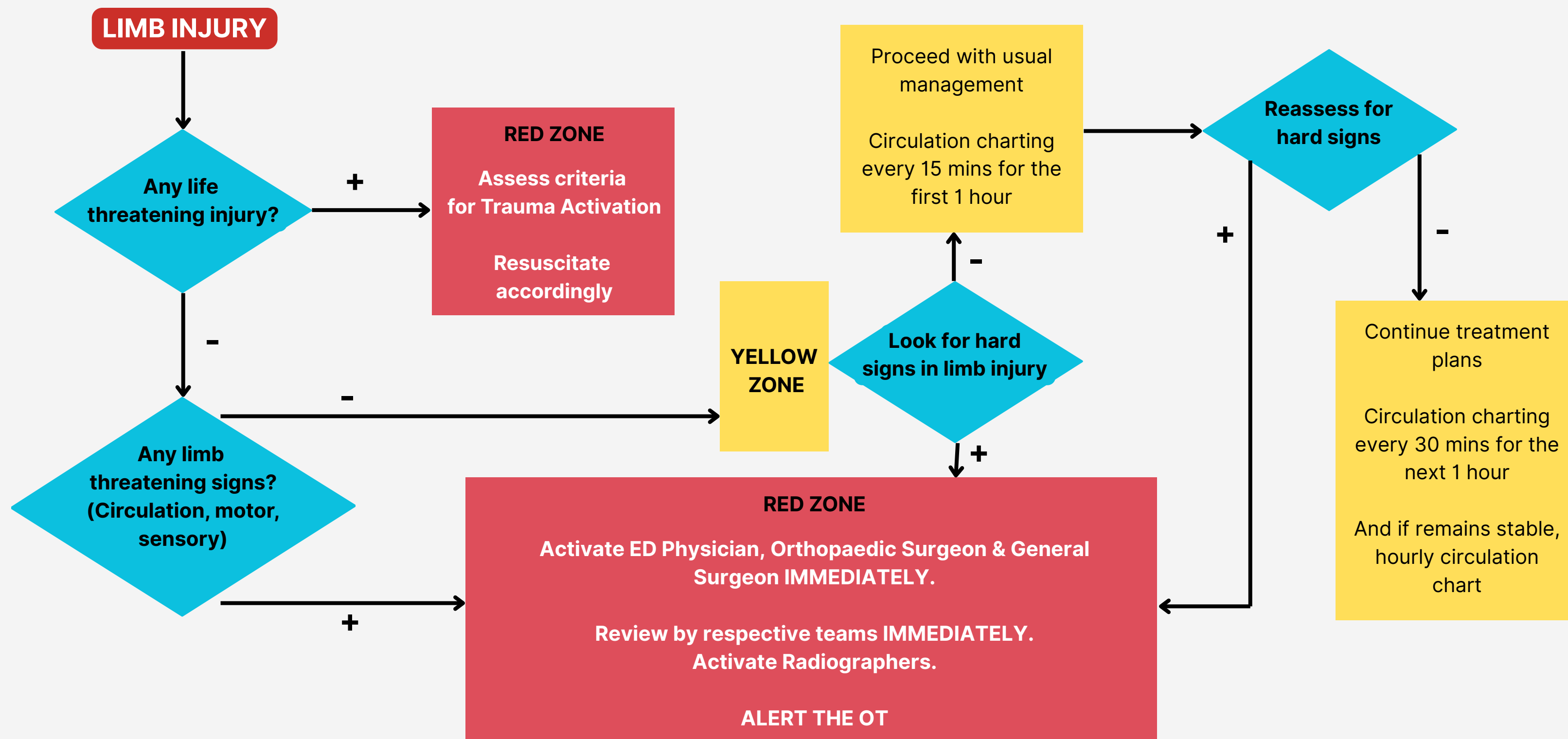


APPENDIX G

Vascular Trauma Pathway



VASCULAR TRAUMA PATHWAY





VASCULAR TRAUMA PATHWAY

Hard signs in Limb Threatening Injury

- Active bleeding
- Expanding/pulsatile hematoma
- Bruit/thrill over wounds
- Absent distal pulses
- Distal ischaemic signs: pain, pallor, paralysis, parasthesia, cool to touch

Designated Primary Team according to area of Vascular Injury

- Wrist and hand: Orthopaedic
- Other parts of upper limb and whole of lower limb: Surgery
- Impending compartment syndrome with preserved pulses: Orthopaedic
- Compartment syndrome with loss of pulses: Surgery

Request for Imaging

- X-ray request forms must be countersigned by the managing specialist or Emergency Physician to ensure initial images requested are appropriate.
- Selected cases might require CTA without X-ray prior to operative management.

Vascular Trauma Pathway: Immediate Triage and Management

EMERGENCY TRIAGE & RED ZONE ACTIVATION



Identify "Hard Signs" of Limb Injury



Active Bleeding



Pulsatile Hematoma



Bruit/Thrill



Absent Pulses

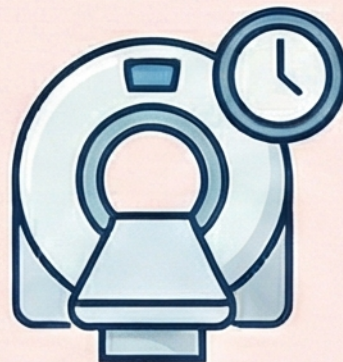


Distal Ischemia



Immediate Red Zone Response

Simultaneously activate ED, Orthopaedic, and General Surgery teams while alerting the Operating Theatre.



Accelerated Imaging Protocol

Selected cases may require immediate CTA without prior X-rays to expedite operative management.

CLINICAL MANAGEMENT & MONITORING

Primary Team Designation



Orthopaedics
Manage wrist/hand.



General Surgery
Manages all other limb parts and pulseless compartment syndrome.



Impending Compartment Syndrome



Yellow Zone Circulation Charting

Every
15 mins
(1st hour)

then
30 mins
(2nd hour)

then
hourly.

Orthopaedic leads
if pulses are preserved.

Surgery leads
if pulses are lost.

