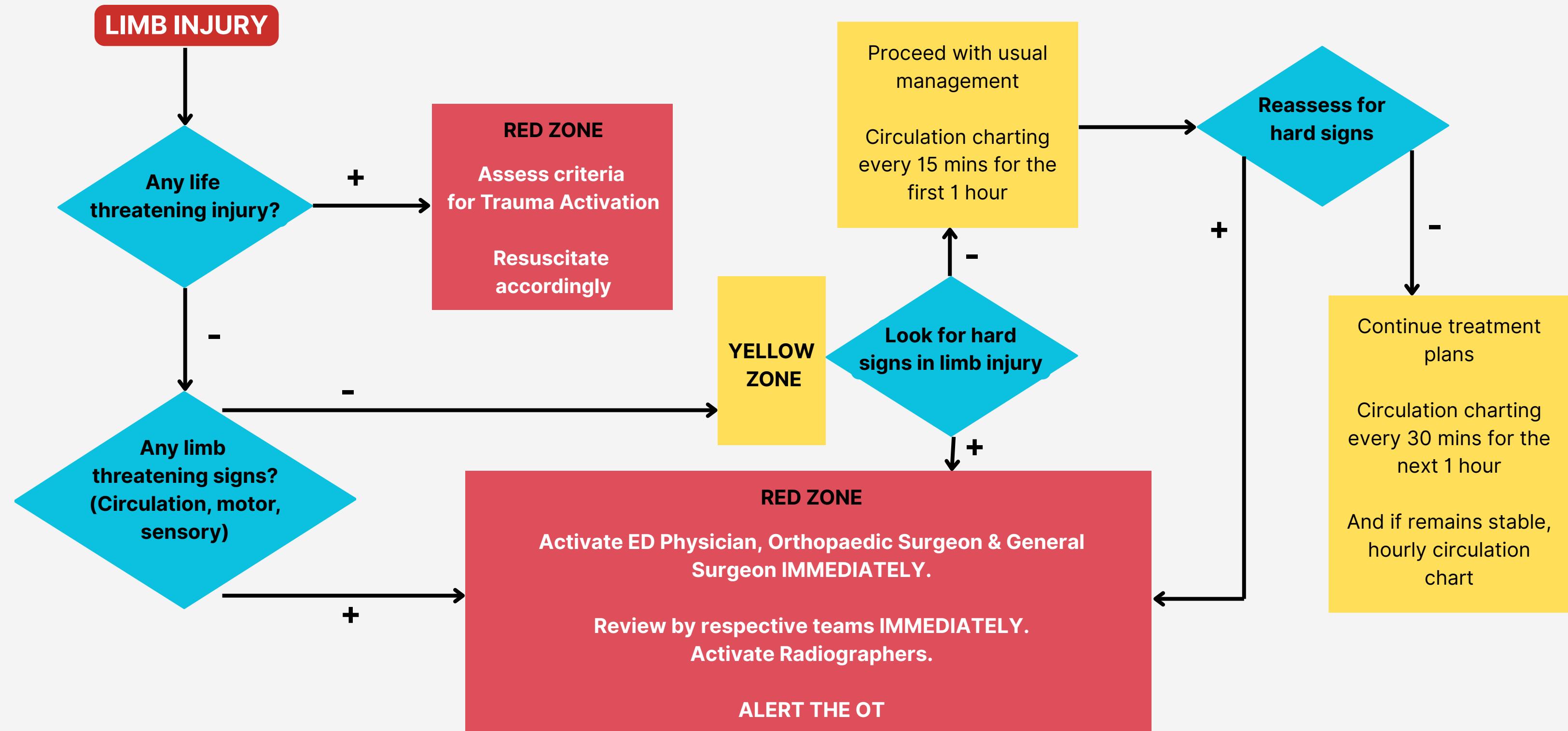


APPENDIX G

# 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, paraesthesia, cool to touch

### Designated Primary Team according to area of Vascular Injury

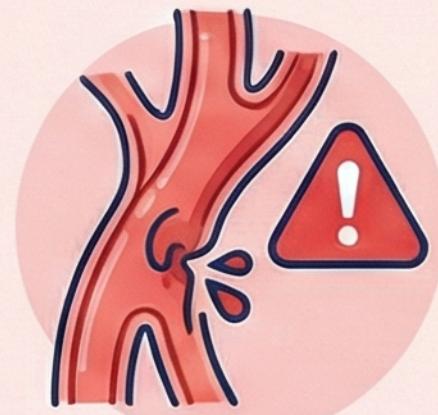
- Wrist and hand: Orthopaedic
- Other parts of upper limb and whole of lower limb: Surgery
- Impending compartment syndrome with preserved pulses: Orthopaedic
- Compartment syndrome with loss of pulses: Surgery

### 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

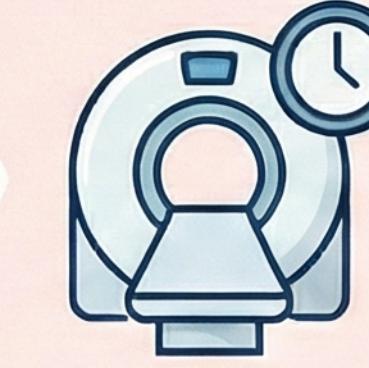


Distal Ischemia



### Immediate Red Zone Response

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

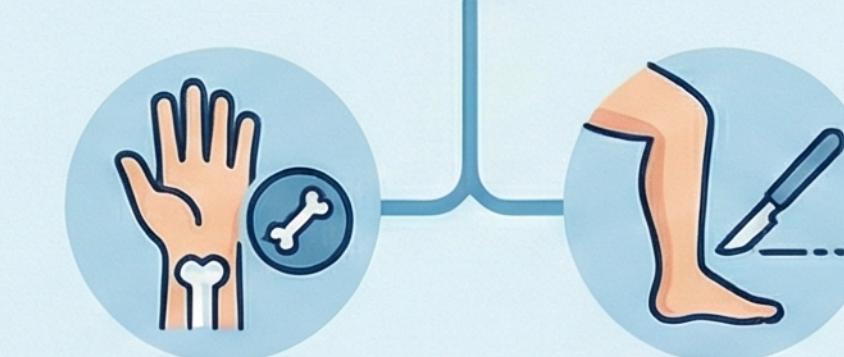


### Accelerated Imaging Protocol

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.

