	Trauma Services	No. 4075
	Title: Vascular Injury - WMR	Page: 1 of 2 Effective Date: 05/14/2021

PURPOSE:

To provide timely coordination of care for patients who suffer traumatic vascular injuries.

POLICY STATEMENT:

Management of potential or real vascular injury to the extremity has evolved. Physical examination with minimal technical diagnostic facilitation, with or without formal hospital observation, is the current standard of care. Care of patients who suffer traumatic vascular injuries is coordinated between the Trauma Team, Vascular Surgery, Cardiovascular Surgery and Pediatric Surgery as appropriate.

ENTITIES AFFECTED BY THIS POLICY (SCOPE):

WPP Surgery, WPP Vascular Surgery, WPP Cardiovascular Surgery, WPP Pediatric Surgery, Emergency Physicians

WHO SHOULD READ THIS POLICY:

This policy shall be read by department supervisors, managers, directors, and administrators. Furthermore, any individual considering issuing, revising, assisting in the drafting of, or archiving a policy.

PROCEDURES:

- I. Patients suffering blunt trauma associated with major swelling, fractures, neurological deficit, and/or tissue damage should be routinely hospitalized.
- II. "Hard" signs of vascular injury are indications for surgery.
 - a. Serious hemorrhage, loss of pulse, pulsatile hematoma, bruit, or thrill
- III. Arteriography and CT angiography may assist preoperative evaluation if and when the circumstance permits.
 - a. Proximity wounds may be assessed, and the patient discharged from the emergency department depending on physical findings and the results of Doppler examination.
- IV. If an adult trauma patient requires an evaluation for traumatic vascular injury, the Trauma Surgeon or their designee will:
 - a. Consult vascular surgery as primary contact for the evaluation.
 - b. Vascular surgery may consider consulting Cardiovascular surgery for collaborative care if needed.
- V. If a pediatric trauma patient requires a vascular injury evaluation, the Trauma Surgeon or their designee will:
 - a. Consult pediatric surgery as primary contact for the evaluation.
 - b. Obtain further consultation with vascular surgery, if needed, at the direction of the pediatric surgical consultant.
 - i. The pediatric surgery attending or their designee will speak directly with the vascular surgery attending or their designee; either in person or via phone regarding the case. This conversation will occur prior to any decision regarding surgical treatment and/or transfer to non-WakeMed facility.

Origination date: 01/31/1998


Prepared by: MGR, TRAUMA PROGRAM

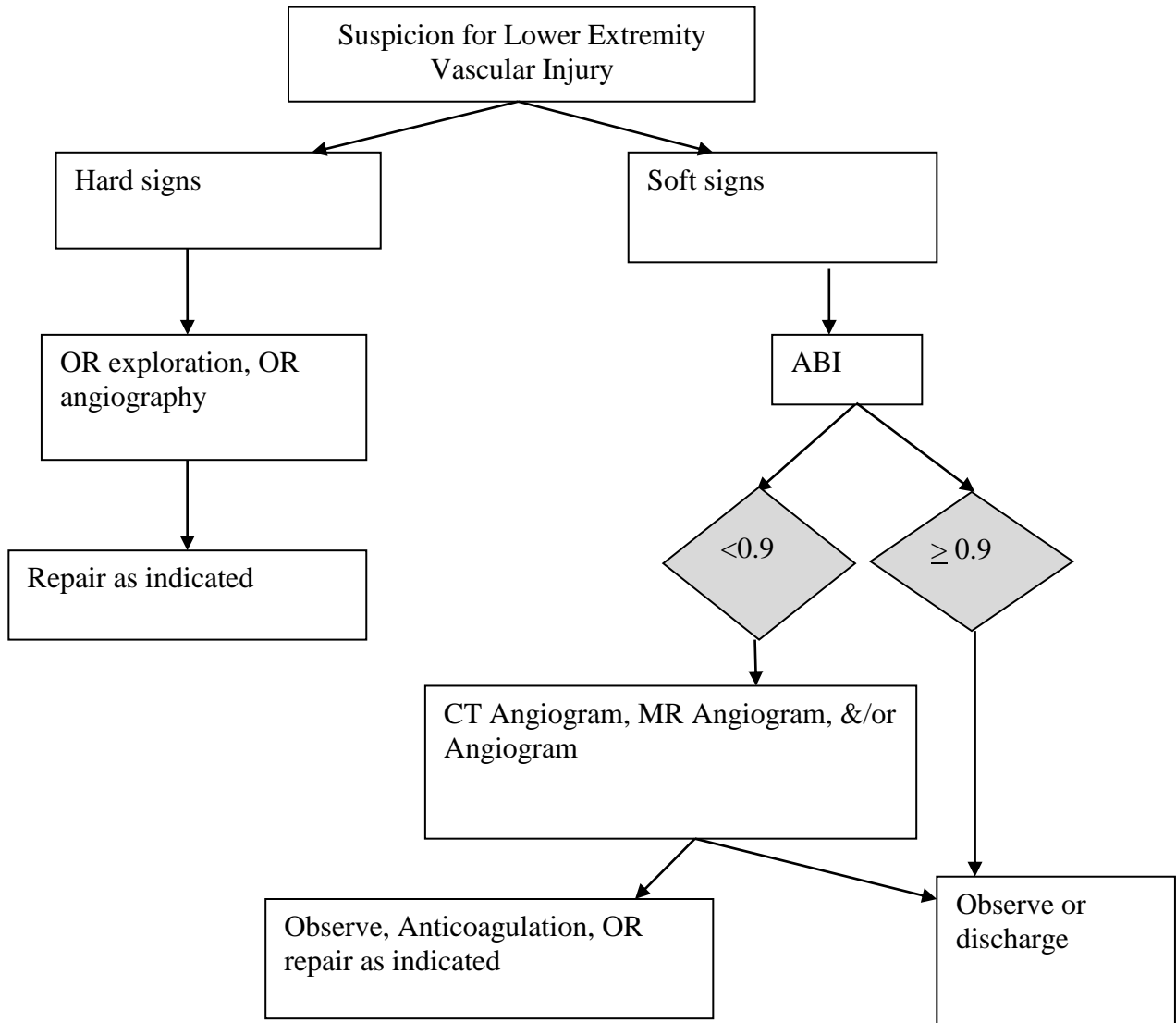
Approved by: MEDICAL DIR TRAUMA - RALEIGH

Reviewed: 05/14/2021

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I. ADDITIONAL RESOURCES

- a. Feliciano DV, Moore FA, Moore EE, West MA, Davis JW, Cocanour CS, et al. Evaluation and management of peripheral vascular injury. Part 1. Western Trauma Association Critical Decisions in Trauma. *J Trauma* 2011; 70(6): 1551-6

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