

PRACTICE GUIDELINE

Effective Date: **4 December 2017**

Manual Reference: **Deaconess Trauma Services**

TITLE: VASCULAR EMERGENCY

PURPOSE:

To provide a guideline for identifying vascular emergencies, establishing early diagnosis and management of vascular injuries requiring interventions in the Operating Room or Interventional Radiology.

GUIDELINES:

1. Vascular emergencies necessitate an emergent consult to a Vascular Surgeon. The Vascular Surgeon or Vascular Midlevel must respond to physically assess the patient within 30 minutes after the consult is received. After business hours, the Trauma Surgeon must call emergent consults directly to the Vascular Surgeon.
 - a. Vascular Emergency Criteria
 - i. Patients with hemodynamic instability or signs of ongoing bleeding after nonvascular sources of blood loss have been ruled out should be considered for angiography/operative intervention.
 - ii. Patients with evidence of arterial extravasation on CT should be considered for embolization or operative intervention.
 - iii. Patients with a traumatic injury causing vascular compromise.
 - a. If vascular compromise is related to an orthopedic injury, refer to *Management of Severe Musculoskeletal Injuries* Guideline.
 - iv. If the decision to go to the OR or Cath lab is made, emergent cases scheduled by the Vascular Surgeon should be in the OR or Cath Lab within 30 minutes.

REFERENCES:

- ❖ American College of Surgeons (ACS). (2014). *Resources for Optimal Care of the Injured Patient*.
- ❖ ACS TQIP and OTA. (2014). *Best Practices in the Management of Orthopaedic Trauma*

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| OCT 2018 | JAN 2022 |
| OCT 2019 | |
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