Limb compartment pressure measurement policy

1. Equipment for compartment pressure should be available 24 hours a day in all Trauma Units/LEHs. Various single use and reusable devices are available – the type used should be clear in the policy and their instructions for use should be either hyperlinked to the policy, or easily available.

2. A high index of clinical suspicion for compartment syndrome should be maintained. Compartment pressure measurement is only indicated where there is significant clinical doubt or the patient is unable to give reliable information regarding pain.

3. Established compartment syndrome is a surgical emergency and decompression should be performed as soon as possible by an appropriately senior surgeon.

4. Where pressures are measured they should be compared with the diastolic pressure. If the difference is less than 30mmHg, this constitutes an indication for fasciotomy.

5. Training on compartment syndrome management should be delivered to all surgical junior doctors – compartment syndrome has been reported following urological, gynaecological and vascular surgery and does not just occur following trauma.

6. Delayed (several hours) presentation of compartment syndrome requires complex decision making by a consultant to decide whether fasciotomy is safe to perform.

Revised by Alastair Marsh, 05/06/2018