Publication: **Policy for Vascular Trauma presenting to Trauma Units or Local Emergency Hospitals.**
Description: Vascular trauma guideline for Central England Trauma Network only
Publication date: 14 February 2018
Publication ref: N0. 28
Author: Doctor Matthew Wyse, University Hospitals Coventry & Warwickshire
Circulation: Central England Trauma Network Leads
Review date: 2020
Superseded document(s):
Contact details for further information: Midlands Critical Care, Trauma and Burns Networks 15 Frederick Road Birmingham B15 1JD www.mcctn.org.uk
Document status: Whilst this document may be printed, it cannot be controlled, the electronic version posted on MCCTN website is the controlled document.

Central England Trauma Network

Policy for Vascular Trauma presenting to Trauma Units or Local Emergency Hospitals.

Introduction.

Severe vascular trauma should be taken directly to the Major Trauma Centre. Variations in triage and on scene circumstances may mean that patients with vascular trauma will occasionally present to a trauma unit. Northampton General Hospital provides the vascular service for Northamptonshire, and the expertise of local vascular surgeons can be utilized in the correct circumstances. Severe vascular trauma will have an ISS>15 and the trauma team leader should enact the Hyper-acute transfer protocol to the MTC ED.

Isolated hand trauma is unlikely to be major trauma should be dealt with using exiting clinical pathway to the linked hand service (Leicester Royal for patients presenting to KGH or NGH)

For cases in the ED in a TU/ LEH with a vascular element

Mangled limb

Transfer to MTC ED via hyper-acute pathway. Use pressure dressings and haemostatic dressings to control bleeding.

Uncontrolled Haemorrhage from junctional region (axilla, groin) Attempt haemostasis

with Pressure Dressings / Celox Resuscitate to permissive hypotension
Transfer to MTC ED via Hyper-acute pathway
Only operate locally if vascular surgeon immediately available

Limb bleeding requiring Tourniquet to achieve haemostasis

If associated with polytrauma – transfer to MTC ED via hyper-acute pathway.

If isolated, gently release the tourniquet in a controlled fashion; if still bleeding severely and no vascular surgeon available then transfer direct to the MTC ED via hyper-acute pathway.

Pulseless limb

If associated with polytrauma – transfer to MTC ED

Dislocated knee is a rare occurrence associated with high energy trauma to the leg. There is a high incidence of vascular injury to popliteal vessels. This injury needs careful assessment and if there is any suspicion of arterial injury a CT Angiogram is necessary. If arterial injury is proven the vessel needs to be explored and it is highly likely that fasciotomies will be required. If this surgery cannot be performed in the TU then hyper-acute transfer to the MTC is required.

The presence of vascular rota covering the two Northamptonshire trauma units should not be used to allow TU to TU transfer. In the case of acute vascular trauma presenting to KGH then the patient should be transferred to the MTC via the Hyper-acute pathway and not to NGH.

Matthew Wyse
Adapted from South West Thames and Surrey Trauma Network guideline.