

Vascular Trauma



Introduction.

Severe vascular trauma should be taken directly to the major trauma centre. Variations in triage and on scene circumstances may mean that cases occasionally present to the trauma unit. Many trauma units have direct access to vascular surgeons and their expertise can be utilized in the correct circumstances.

Cases in the TU ED with a vascular element

Mangled limb

- Transfer to MTC ED via ED to ED pathway

Uncontrolled Haemorrhage from junctional region (axilla, groin)

- Attempt haemostasis with Pressure Dressings / Celox
- Resuscitate to permissive hypotension
- Transfer to MTC ED via ED to ED pathway

Limb bleeding requiring Tourniquet for haemostasis

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

Pulseless limb

- If associated with polytrauma – transfer to MTC ED
- If isolated and vascular surgeon on site and available in less than 30 mins manage locally, otherwise transfer to MTC.

There should be no TU to TU transfers of patients with vascular trauma. Any patient who cannot be managed in a TU should be transferred to the MTC. This overrides any vascular rotas for other vascular conditions such as AAA.

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Reviewed J Raitt (Network Clinical Director) and A Sharrock (Consultant Vascular Surgeon) May 2025

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