South West London & Surrey Trauma Network

Pan Network Policy for Vascular Trauma presenting to Trauma Units

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Introduction.
Severe vascular trauma should ideally be taken directly to the major trauma centre. Variations in triage and on scene circumstances may mean that it occasionally presents to the trauma unit. Many trauma units have direct access to vascular surgeons and their expertise can be utilized in the correct circumstances. Severe vascular trauma will have an ISS>15 and the team leader should ask themselves – "Is this a direct referral to the MTC ED ? "

For cases in the ED in a TU 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 available in less than 30 mins manage locally , else transfer to MTC.

The presence of vascular rotas should not be used to allow TU to TU transfer. In the case of vascular services being provided by another TU then the patient should be transferred to the MTC via the ED to ED pathway.

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