

Key Points

Use hard clinical signs not special investigations

Explore wounds immediately

Use vascular shunts before skeletal stabilization

Use hard clinical signs to assess vascularity: loss of pulse, bleeding, expanding haematoma

Realign fractures and joint dislocations first

Explore the vessels without delay if signs persist after realignment – do not delay exploration by ordering vascular imaging

Use a vascular shunt to restore arterial input before stabilizing fractures associated with vascular injuries.

The exception is in supracondylar fractures of the humerus in children where a pulseless distal limb can be accepted so long as the hand is warm and well perfused and there is no associated neurological compromise.

NICE guidelines NG37 9.1 and 6.5

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RELATED INFORMATION	