

Acutely Ischaemic Arm – Spoke Sites (RWHT + WMH)

Sudden onset of painful,
pale and cold arm.

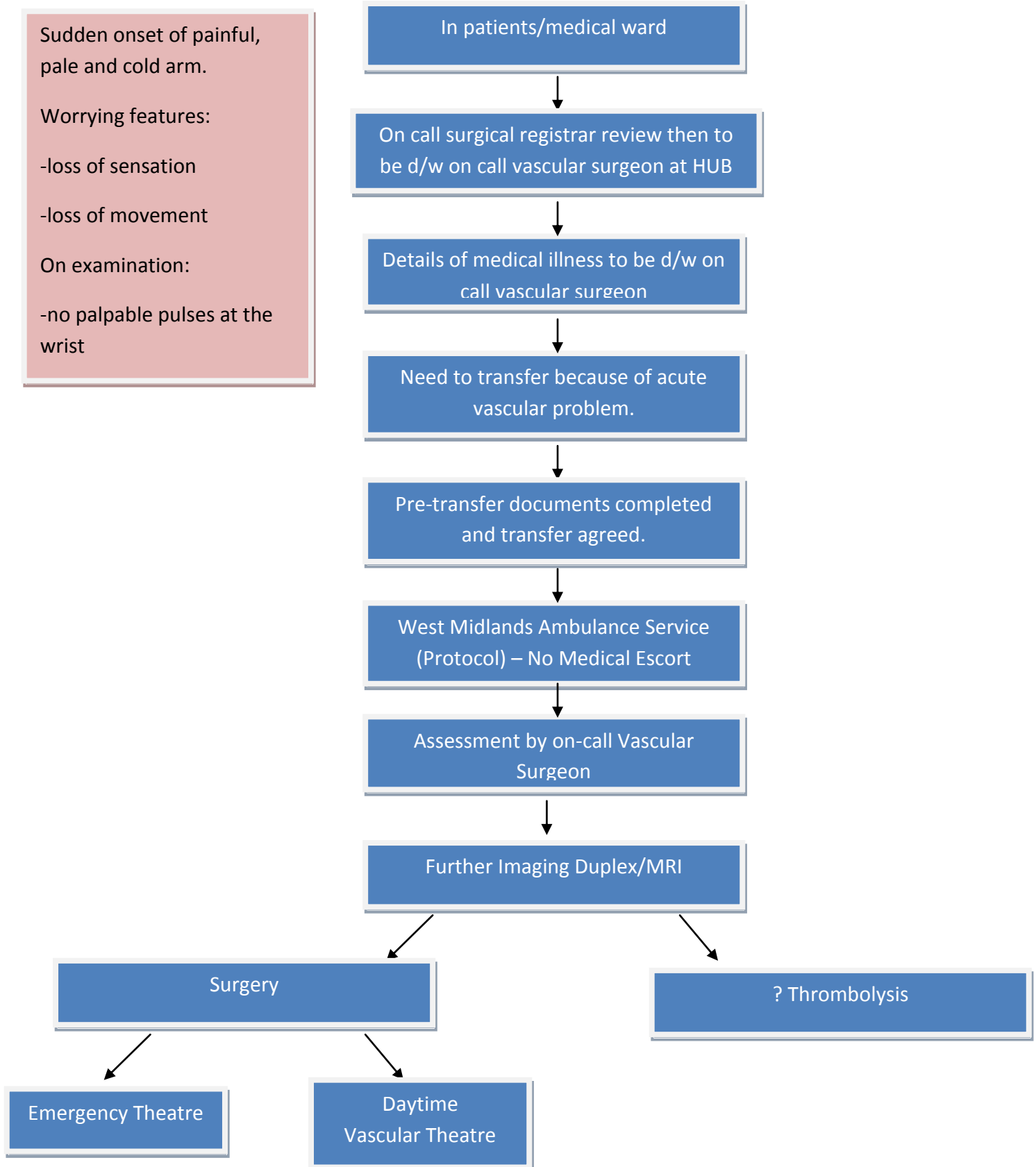
Worrying features:

-loss of sensation

-loss of movement

On examination:

-no palpable pulses at the
wrist



Acutely Ischaemic Leg – Spoke Site

Clinical Features

Sudden onset of painful, pale cold leg.

Worrying features:

- Loss of sensations
- Loss of movement

On examination:

No pulses palpable in leg.

Ward – In patients/medical ward

On call surgical registrar review then to be d/w on call vascular surgeon at HUB

Details of medical illness and clinical priority

? Spoke Site vascular surgeon review

Need to transfer because of Acute Vascular problems.

No need to transfer.

West Midlands Ambulance Service (Protocol)
– No Medical Escort

Conservative Treatment.

Transfer to HUB (RHH)

Straight to Surgical Assessment Unit/Vascular Ward – prior transfer acceptance needed.

Assessment by on call vascular surgeon and further imaging

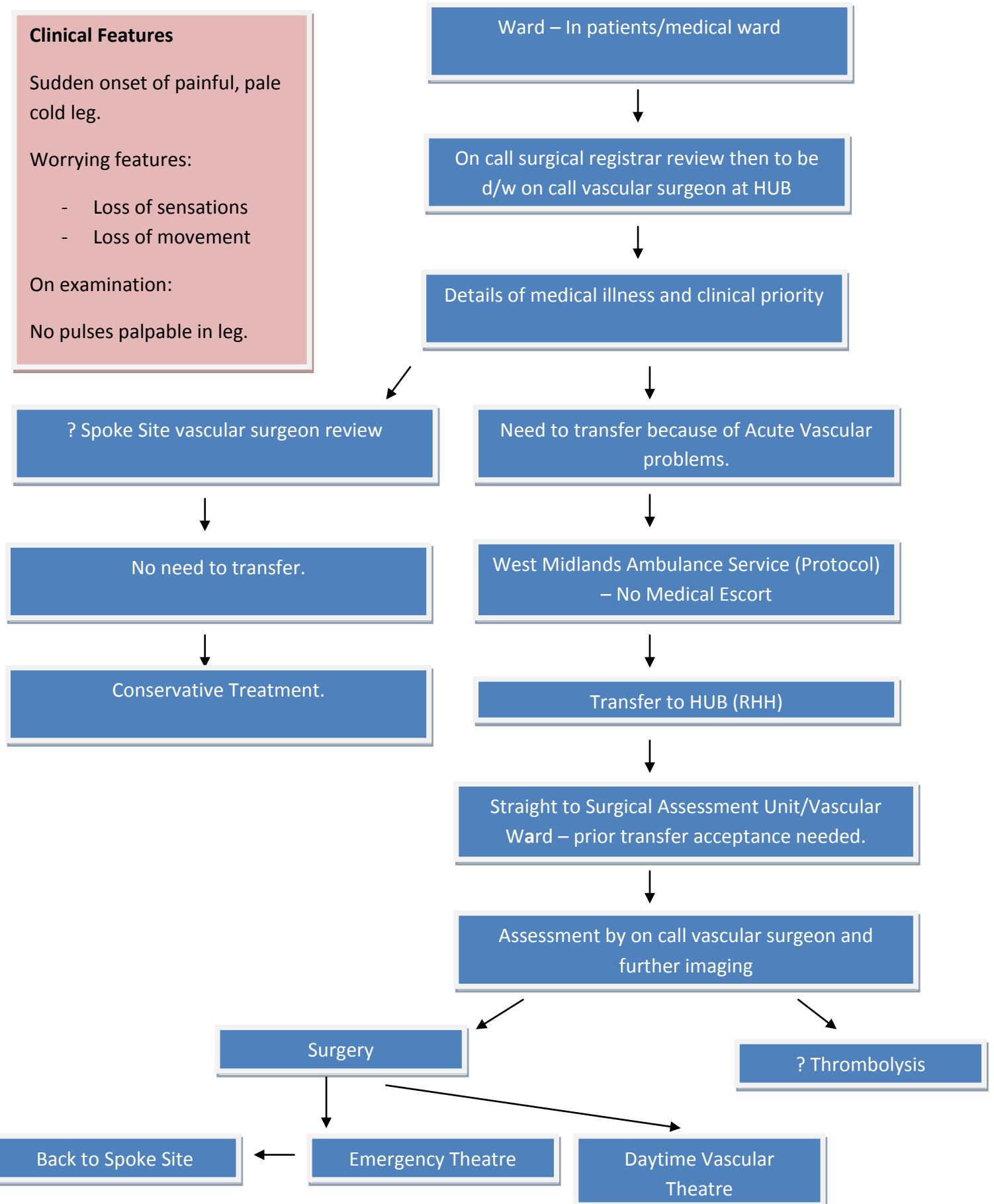
Surgery

? Thrombolysis

Back to Spoke Site

Emergency Theatre

Daytime Vascular Theatre



Acutely Ischaemic Leg – Spoke Site – Emergency Department

Clinical Features

Sudden onset of painful, pale cold leg.

Worrying features:

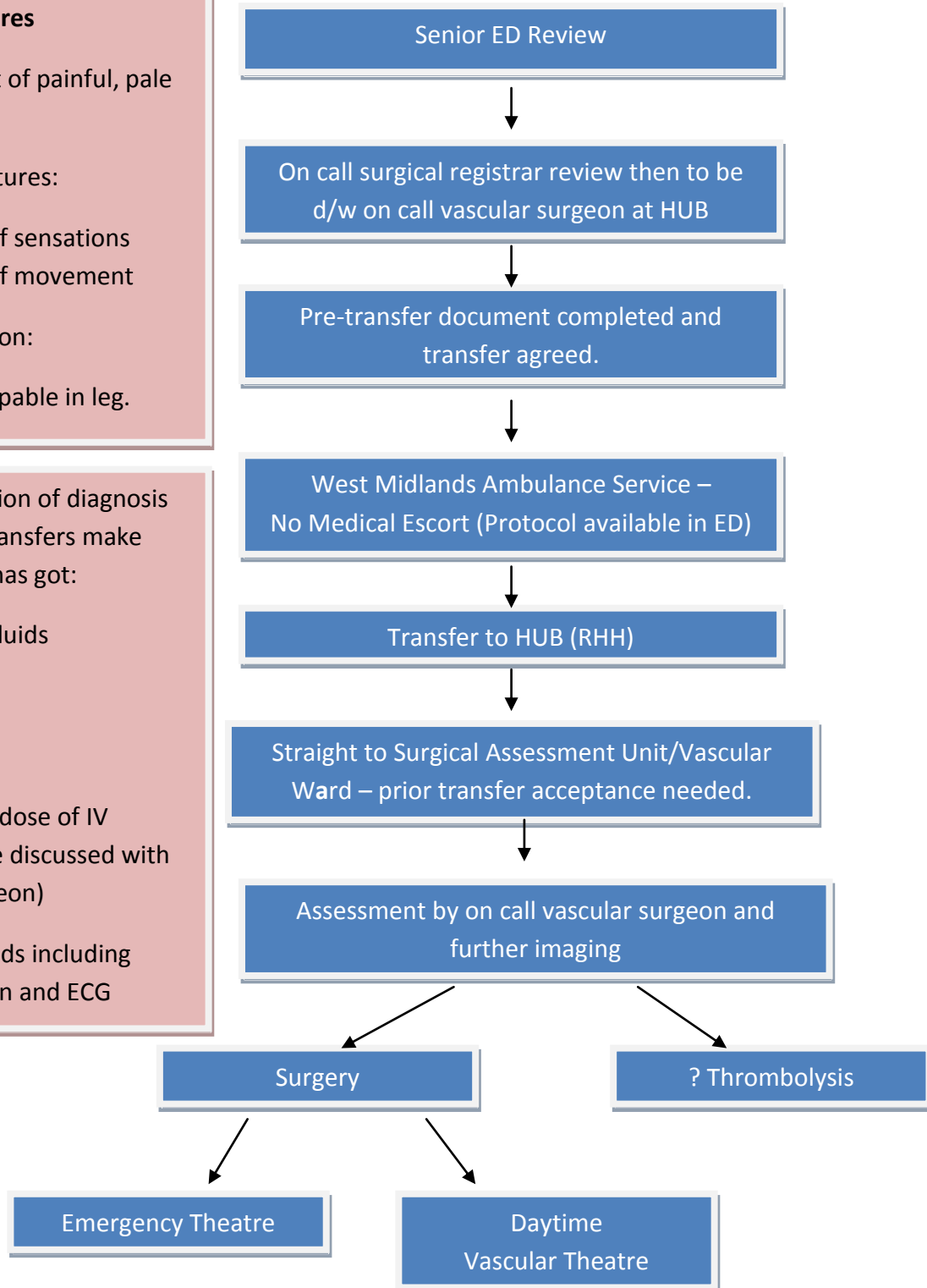
- Loss of sensations
- Loss of movement

On examination:

No pulses palpable in leg.

On confirmation of diagnosis and before transfers make sure patient has got:

- IV line with fluids
- Analgesia
- Catheter
- Appropriate dose of IV heparin (once discussed with vascular surgeon)
- Routine bloods including clotting screen and ECG



Co Dependency
Daytime (8am – 6pm)
Vascular Cover

Spoke Vascular Surgeon to cover

Wards

*Routine ward referrals and vascular opinion
*Diabetic foot issues
*In future Support for TIA clinics

Theatres

Unexpected vascular injury causing haemorrhage in any theatre – General, Gynae, Urology, Orthopaedic and Cardiac.

Haemorrhage

*Unexpected haemorrhage in ward
*Stab injuries
*Gunshot wound
*Groin bleeding e.g. drug addict

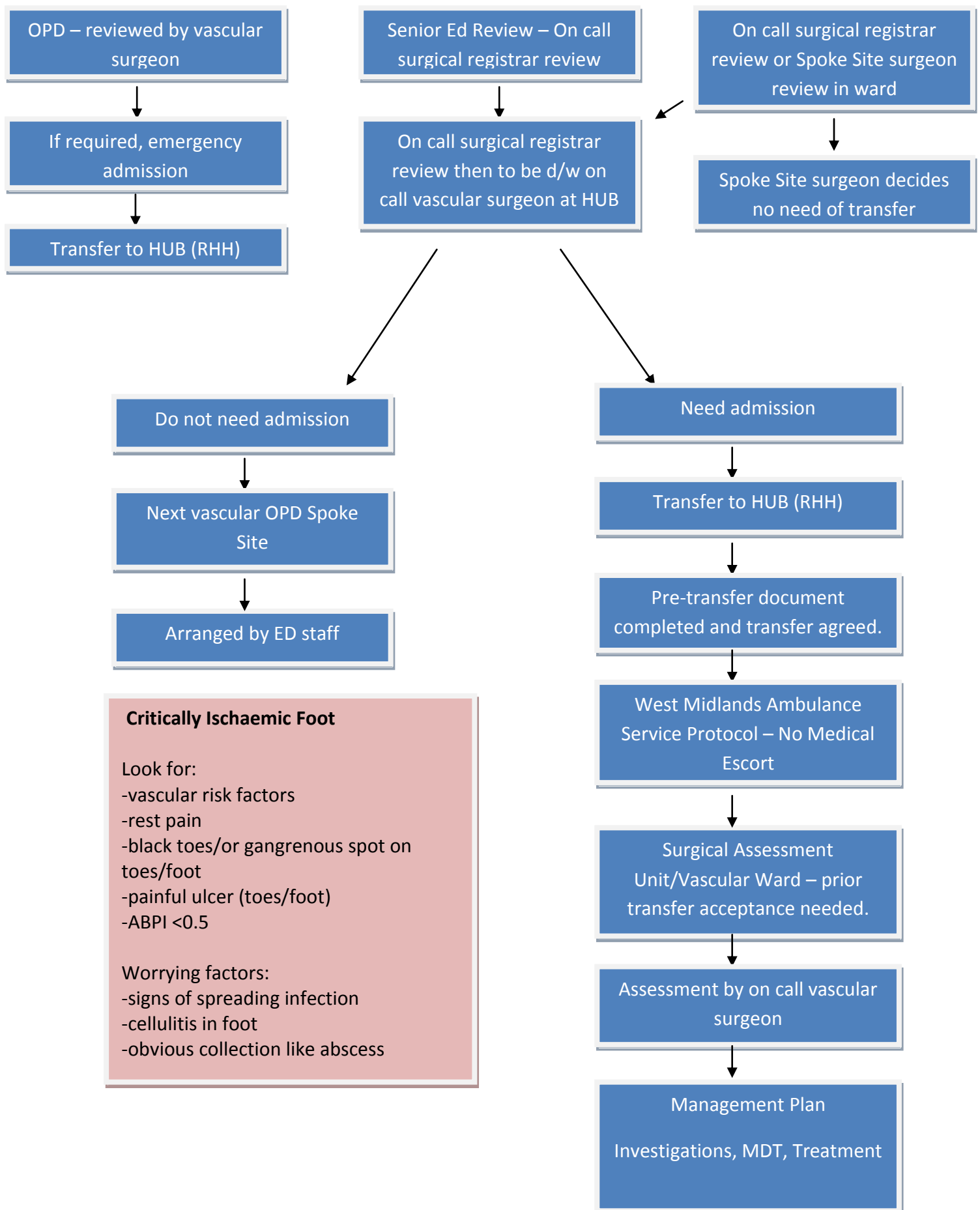
Default Position

All acute Vascular emergencies (ED & wards) to be reviewed by surgical registrar and then to be d/w on call vascular surgeon before transfer to Hub

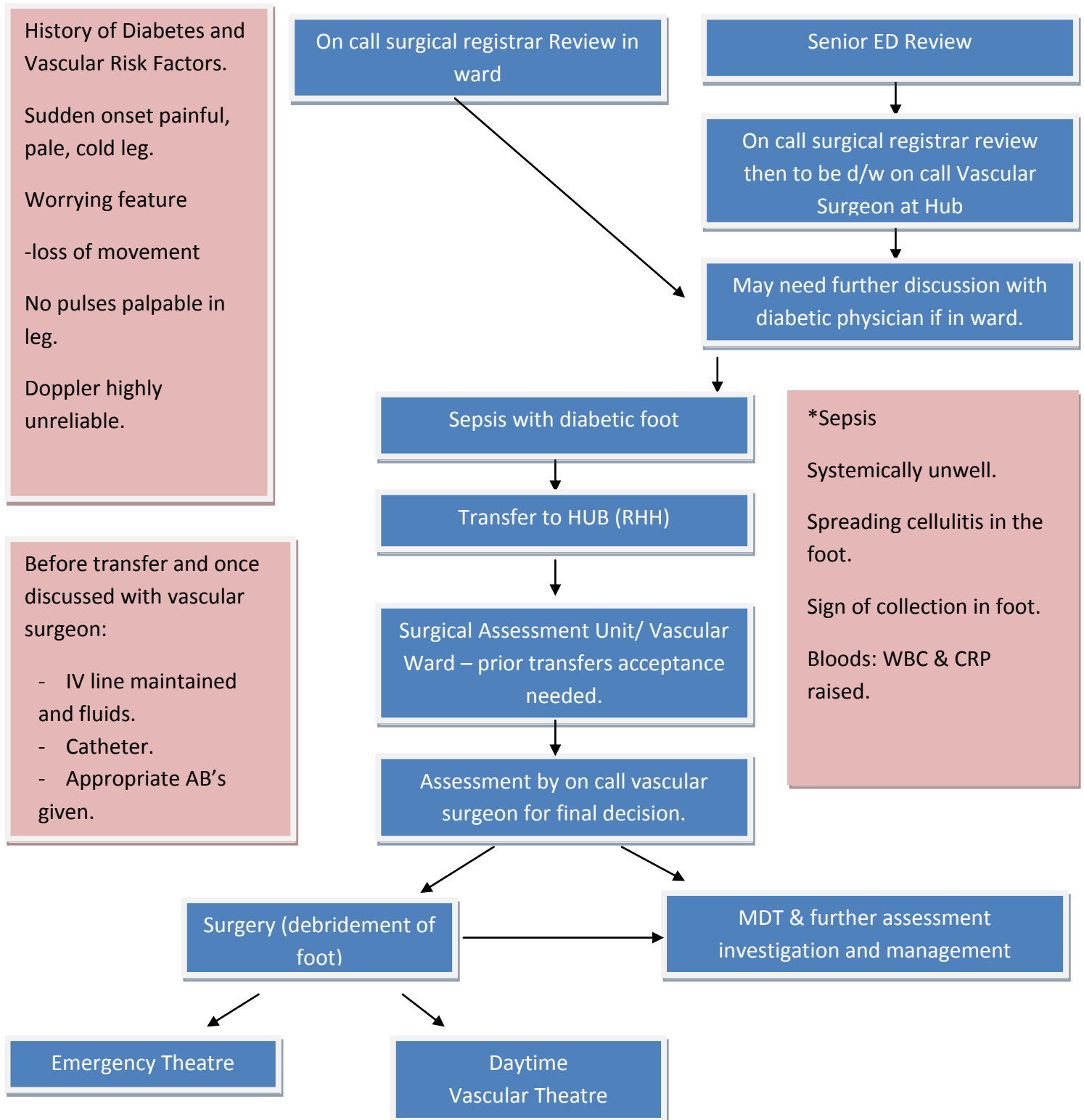
Spoke Vascular Surgeons

Outpatients Clinics
Diagnostic Investigations
Day Case Surgery
Non-arterial problems, venous diseases & Lymphoedema
Renal Access
Day Case angioplasty by Radiology

Critically Ischaemic Foot, Black Toe Spoke Site



Diabetic Foot – Spoke Site



Diabetic/Ischaemic Leg – Spoke Site – Emergency Department

History of Diabetes and Vascular Risk Factors.

Sudden onset painful, pale, cold leg.

On examination:

-loss of sensation

-loss of movement

-fixed mottling

No pulses palpable in leg.

Senior ED Review

On call surgical registrar review then to be d/w on call vascular surgeon at HUB

Limbs not salvageable. Needs amputation.

Transfer to HUB (RHH) – same night.

Surgical Assessment Unit/ Vascular Ward

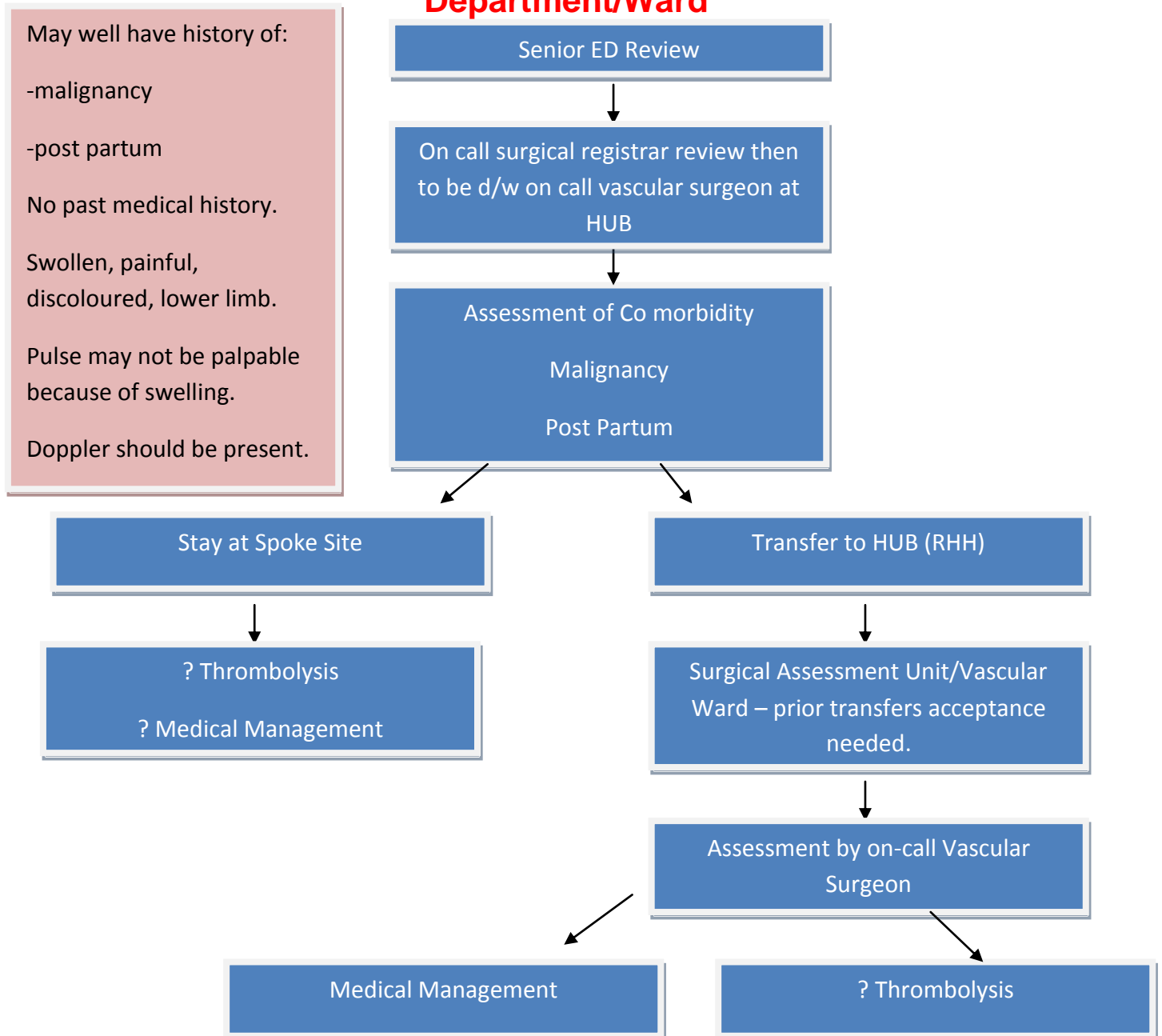
Assessment by on call vascular surgeon for final decision.

Surgery (Amputation Protocol)

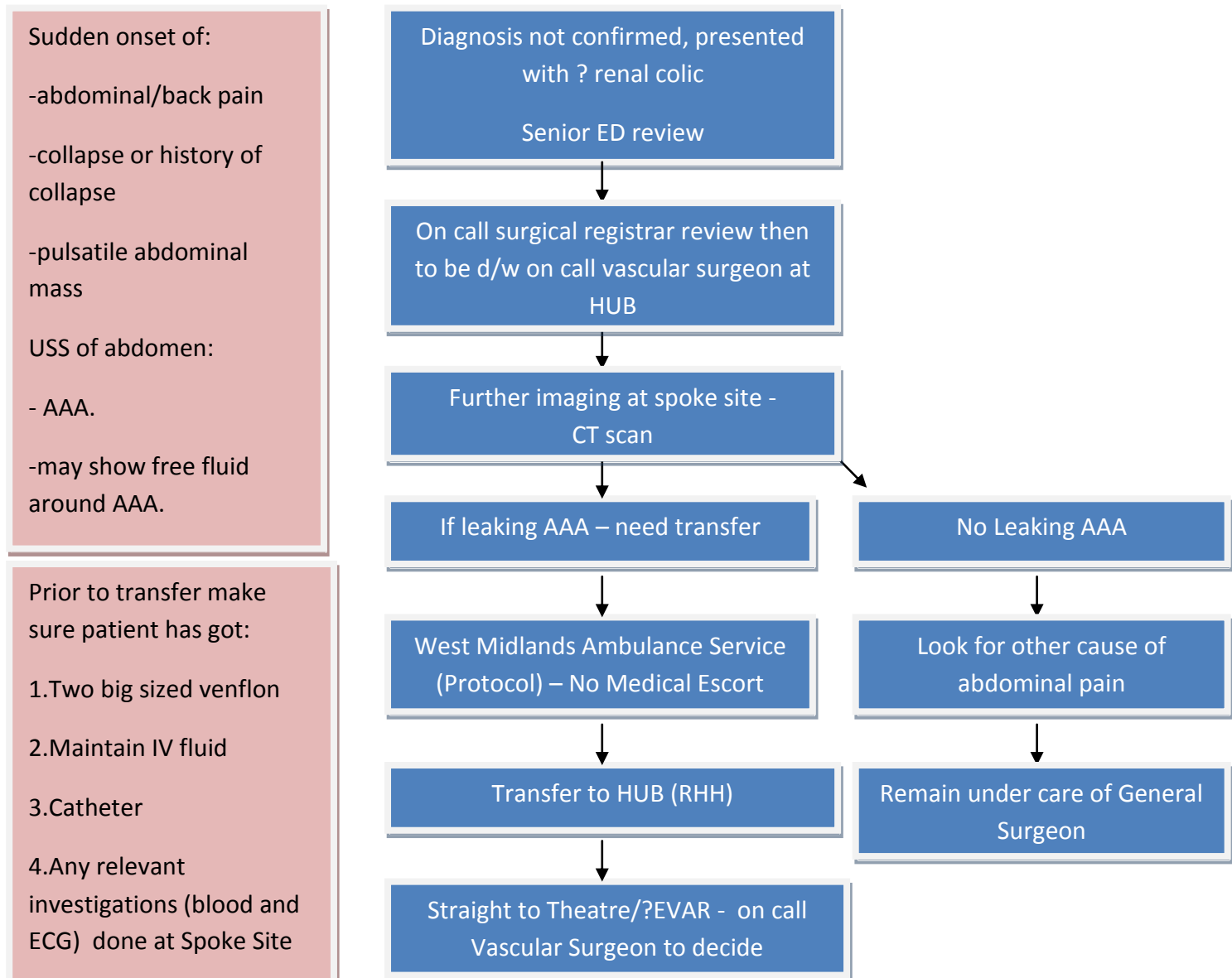
Surgery

Daytime
Vascular Theatre

Ilio Femoral DVT – Spoke Site – Emergency Department/Ward



Leaking AAA – Spoke Site – Emergency Department



1. Default position – all patients need to be transferred.
2. In unstable patients – no need to transfer blood products with the patient.
3. On call Anaesthetist at the Hub needs to be informed while patient at spoke site.
4. Hub ITU need to be informed – on call surgical registrar to do.
5. Blood banks at the Hub need to be informed – on call surgical registrar to do.
6. Theatre staff need to be informed – on call surgical registrar to do.
7. If emergency theatre busy, second on call team will be called in during the night – on call theatre sister to arrange.
8. Patient not to be transferred if having CPR.

Leaking AAA – Spoke Site – Emergency Department

Sudden onset of:

- abdominal/back pain
- collapse or history of collapse

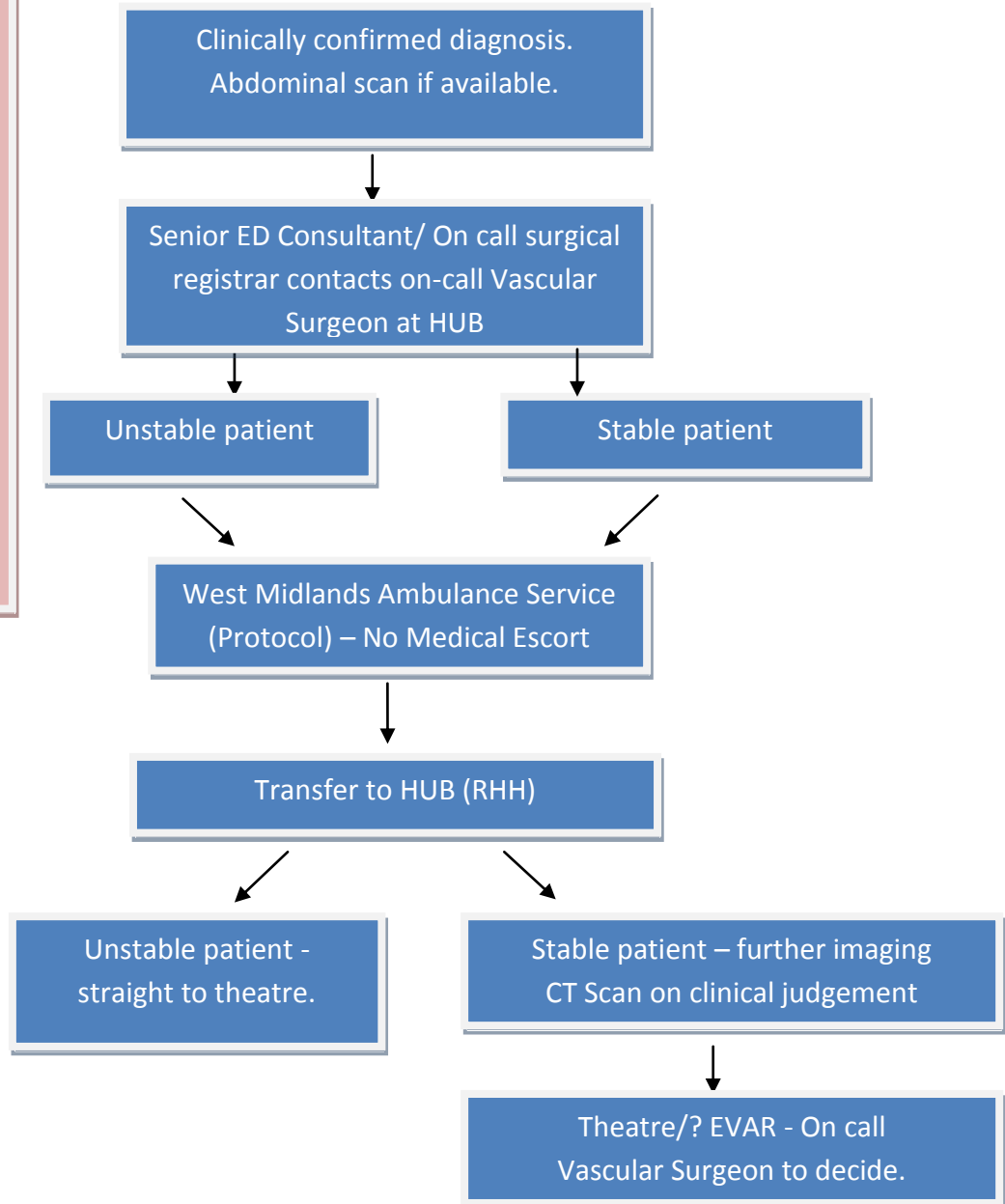
- pulsatile abdominal mass

USS of abdomen:

- AAA.
- may show free fluid around AAA.

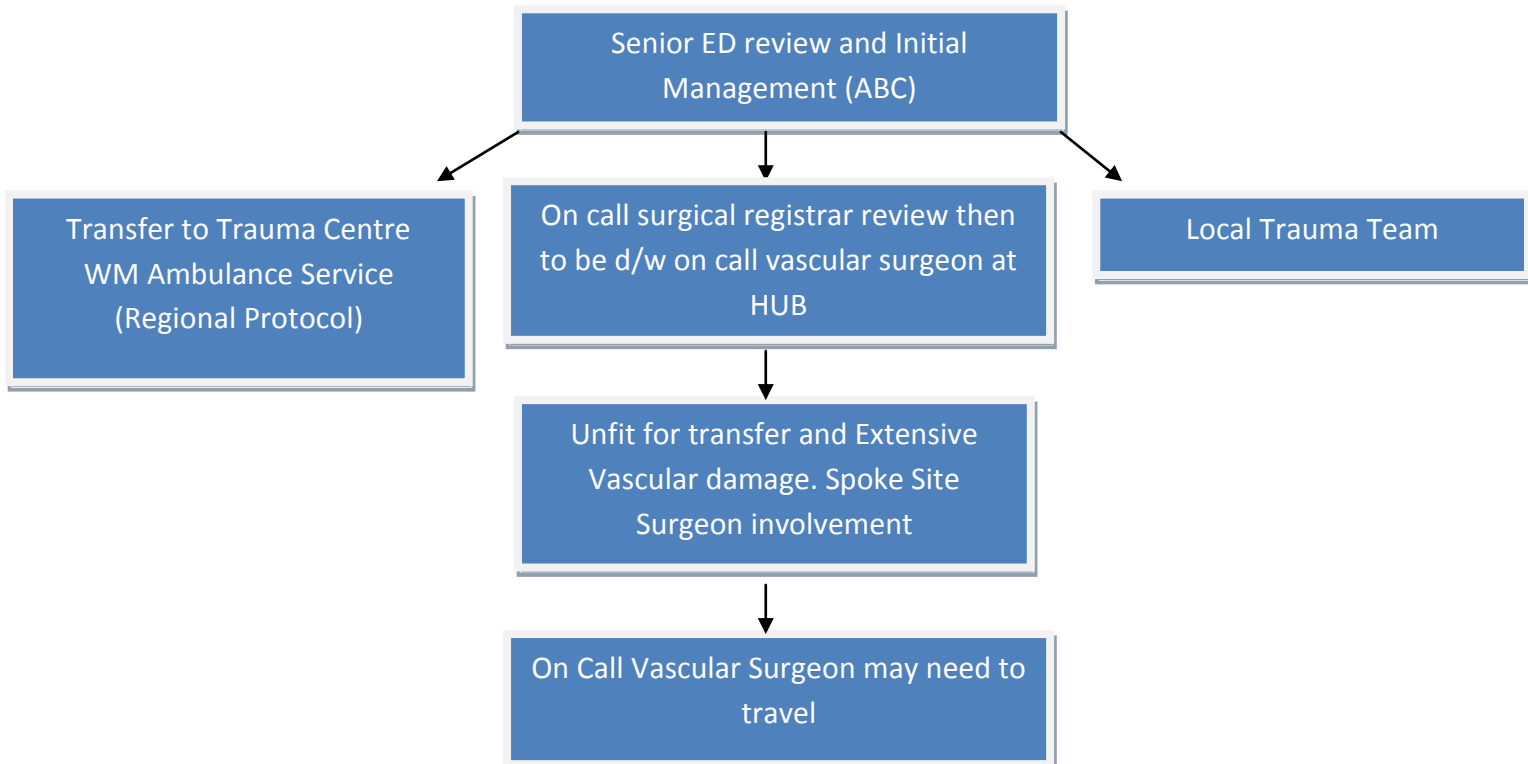
Prior to transfer make sure patient has got:

1. Two big sized venflon
2. Maintain IV fluid
3. Catheter
4. Any relevant investigations (blood and ECG) done at Spoke Site
5. Clinical notes
6. Pre transfer documents completed and transfer accepted



9. Default position – all patients need to be transferred.
10. In unstable patients – no need to transfer blood products with the patient.
11. On call Anaesthetist at the Hub needs to be informed while patient at spoke site.
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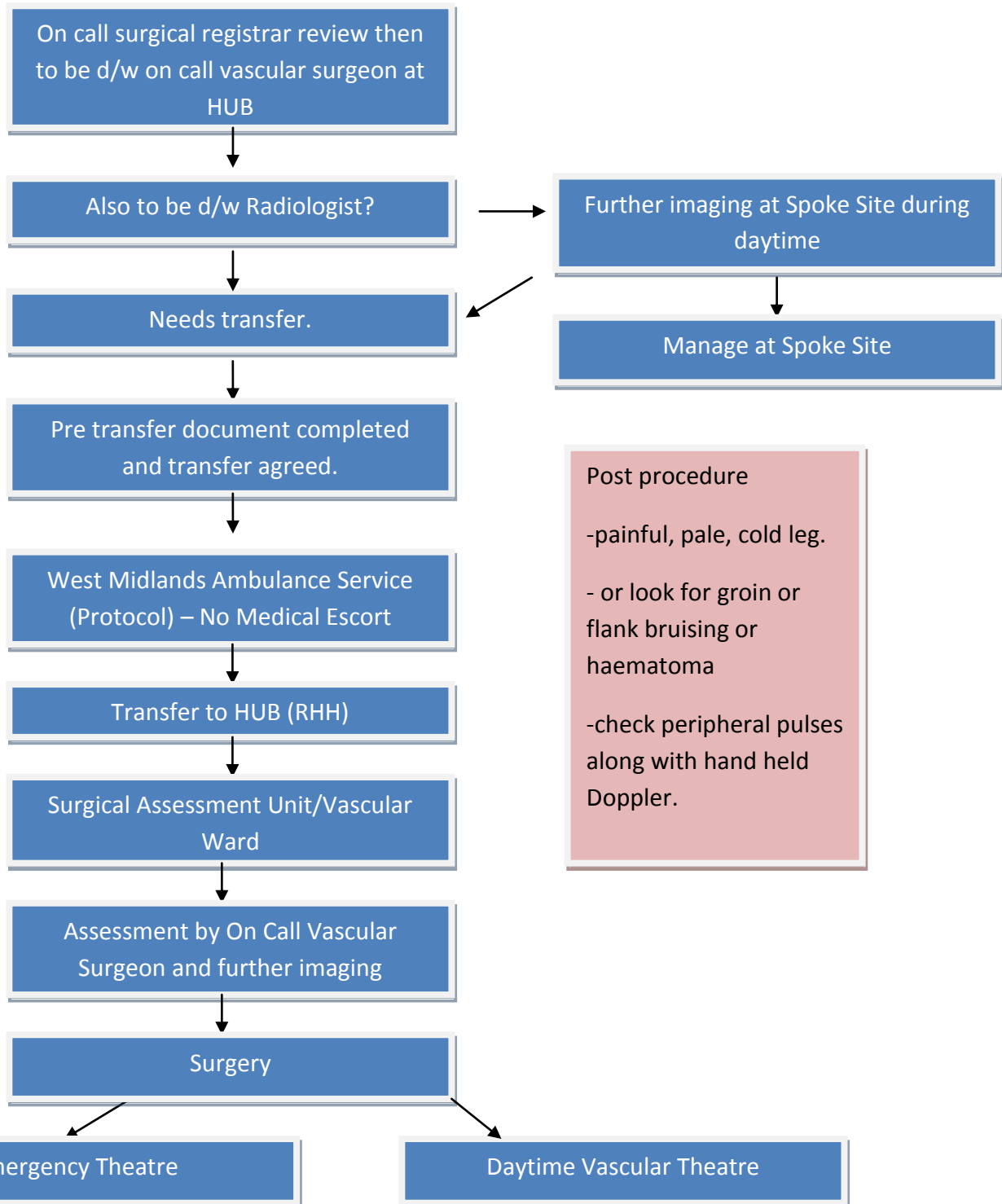
Poly Trauma/Vascular Injuries Spoke Site – Emergency Department



When On Call surgeon leaves HUB

MSH for network needs to sort out the cover.

Post Angioplasty Acutely Ischaemic Leg/Bleeding Spoke Site



Swollen Upper Limb? DVT – Spoke Site – Emergency Department

Sudden onset of painful, swollen and discoloured upper limbs.

Palpable pulses at the wrist.

Senior ED review

On call surgical registrar review then to be d/w on call vascular surgeon at HUB

Assessment of co morbidity

Stay at spoke site

? Thrombolysis

? Medical Management

Transfer to HUB (RHH)

Surgical Assessment Unit/Vascular Ward – prior transfers acceptance needed.

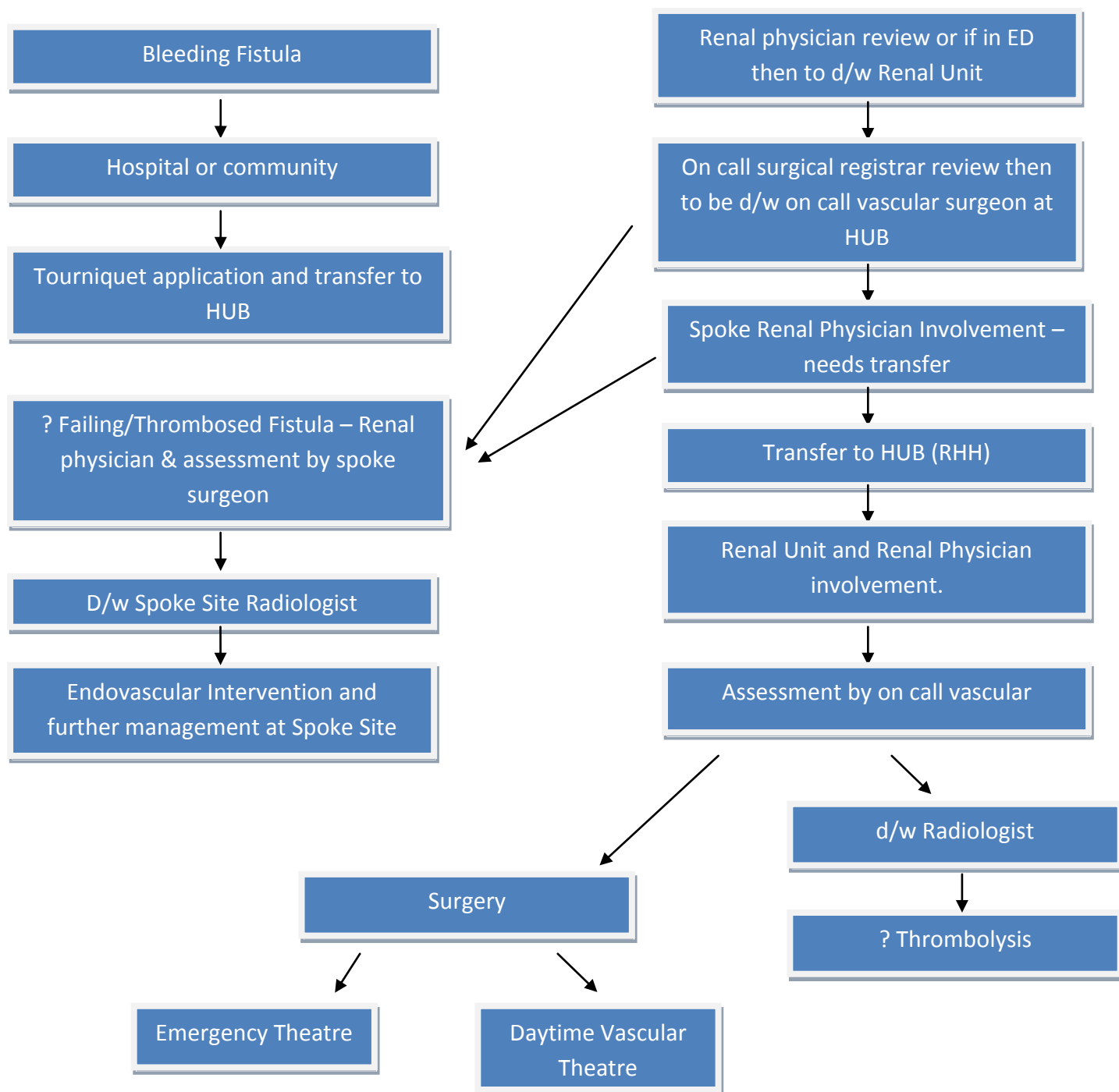
Assessment by On Call Vascular

Further imaging - ? Duplex

Medical Management

? Thrombolysis

Thrombosed/Bleeding AV Fistula Spoke Site



Vascular Emergency – Heart and Lung Centre (8am – 6pm)

