

## VASCULAR EMERGENCIES

This protocol is intended to address vascular emergencies of two general types that may result from trauma or occur spontaneously, and to preferentially transport them to our hospitals with vascular surgical/endovascular capability.

1. Aortic syndromes:
  - A. Aortic dissections (tearing posterior chest pain and nondiagnostic EKG)
  - B. Aortic aneurysm rupture (abdominal/back pain with hypotension and a pulsatile abdominal mass)
2. Peripheral vascular disruptions or occlusions:
  - A. Proximal extremity trauma with absent/diminished peripheral pulses
  - B. Spontaneous embolism or thrombosis: 6 Ps (pain, pallor, pulselessness, parathesias, paresis, poikilothermia)

### TREATMENT

1. Establish IV/IO access and administer IV fluids if needed to maintain systolic BP > 90 mmHg.
2. Apply cardiac monitor and obtain 12-Lead EKG.
3. Administer **O<sub>2</sub>**. Maintain SpO<sub>2</sub> saturation between 94–98%.
4. If severe pain is present, consider administering fentanyl at 0.5–1 mcg/kg q 10 minutes up to a total dose of 3 mcg/kg as long as systolic BP > 100 mmHg.
5. Transport the patient to DHMHS or PSHMC according to the patient's preference and report to the receiving hospital as soon as possible that you suspect a vascular emergency. Do not wait until routine patch.