

Threatened Limb due to Vascular Insufficiency/Ischemia Protocol
(Exclusions: Post-cardiac catheterization related pulse loss and ED patients)

Concern for limb ischemia triggers the following actions (within 30 minutes):

1. Initiate specific extremity monitoring to include physical exam (palpation of pulses, capillary refill time and temperature) + Doppler distal pulses Q15minx4 then Q30min until definitive action is taken
2. Remove the arterial line in the affected vessel
3. Consider removal of a central or PICC line in the affected extremity (especially if local anticoagulation will not be delivered)
4. Place heating packs on affected extremity
5. Place NIRS probe on the most distal point of the affected extremity (optional)
6. Obtain STAT vascular ultrasound of affected extremity with indication explicitly listed as concern for ischemic extremity. Results to be communicated verbally to care team
7. Consult appropriate surgical service STAT with Attending to Attending conversation
 - a. Lower extremity vessels – Plastic surgery
 - b. Upper extremity vessels – Hand call (listed on Who's on Call)
 - c. Intrathoracic vessels – Cardiac surgery
 - d. Intra-abdominal vessels – General Surgery
8. Consult Interventional Radiology for potential diagnostic angiogram and/or catheter-based intervention with Attending to Attending conversation
9. Consult Hematology regarding initiation of anticoagulation/thrombolytic therapy (may be called by fellow/APN)
10. Obtain screening labs for rhabdomyolysis (CPK, myoglobin, phosphorous), baseline coagulation labs (CBC, PT/INR, PTT, Fibrinogen, AT3) and CMP
11. Consulting surgical service to obtain clinical photos of the ischemic area Q8 (taken with approved camera and saved in the EMR)