



# Acute Limb Ischemia (ALI) Protocol

## Assessments and Indications

- Report of non-healing wound
- or** ischemia rest pain
- or** pulselessness
- or** pallor
- or** paresthesia
- or** poikilothermy (coldness)
- or** gangrene
- Diagnostics to include bilateral lower extremity arterial duplex
- and** bilateral ankle-brachial index (ABI) & toe-brachial index (TBI)

## Initial Management

- Contact Minneapolis Heart Institute® at **612-863-3911** to page vascular surgeon for Acute Limb Ischemia consult
- Activate emergency transport team (air, if not contraindicated)
- NPO, monitor, 12 lead EKG, 2 IVs with NS at TKO, draw labs
- Aspirin: 324 mg PO (81 mg chewable tabs X 4) **OR** 300 mg PR
- Heparin: 60 U/kg (max 4,000 U) IVP, loading dose then 12 U/kg/hr (max 1,000 U/hr) continuous infusion
- Morphine Sulfate: 2-4 mg IVP, prn **OR**
- Dilaudid: 0.2-0.3 mg IVP, prn
- Oxygen: to maintain SpO<sub>2</sub> ≥ 92%
- Consider CXR if condition warrants (send film with patient)

"Guidelines are not meant to replace clinical judgment or professional standards of care. Clinical judgment must take into consideration all the facts in each individual and particular case, including individual patient circumstances and patient preferences. They serve to inform clinical judgment, not act as a substitute for it. These guidelines were developed by a Review Organization under Minn. Stat. §145.61 et. seq., and are subject to the limitations described at Minn. Stat. §145.65."

*This information is intended only as a guideline. Please use your best judgment in the treatment of patients.*