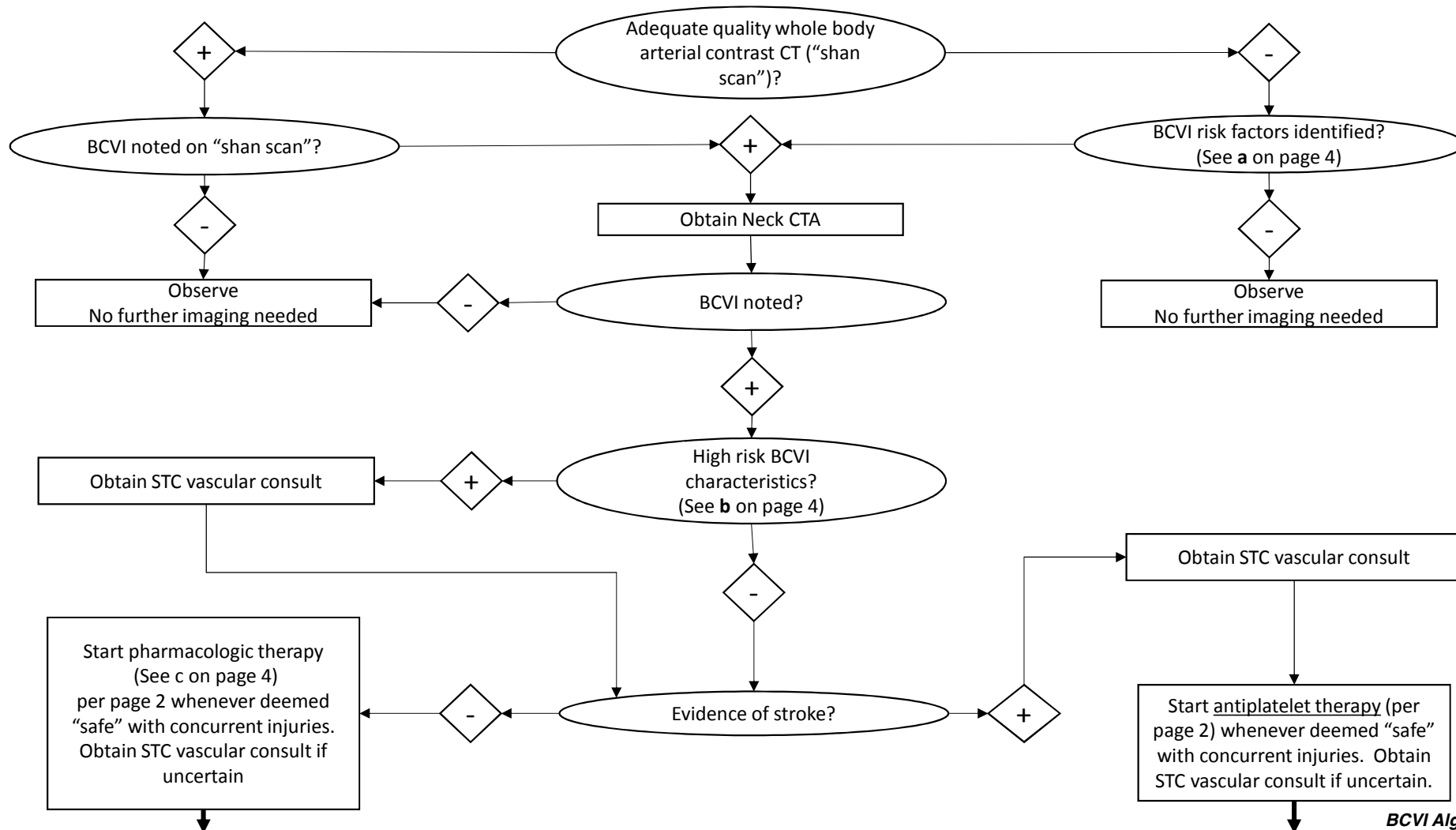
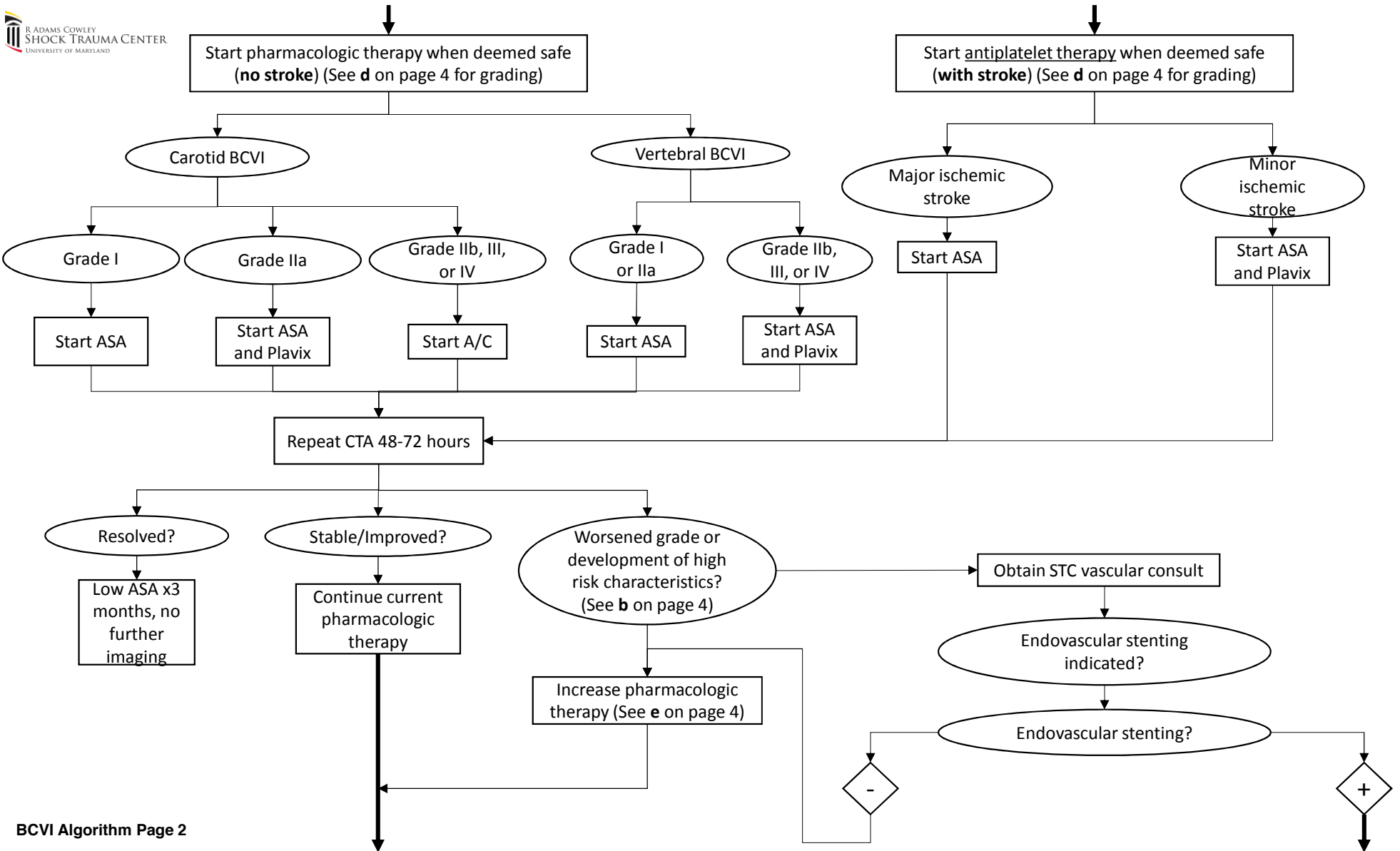
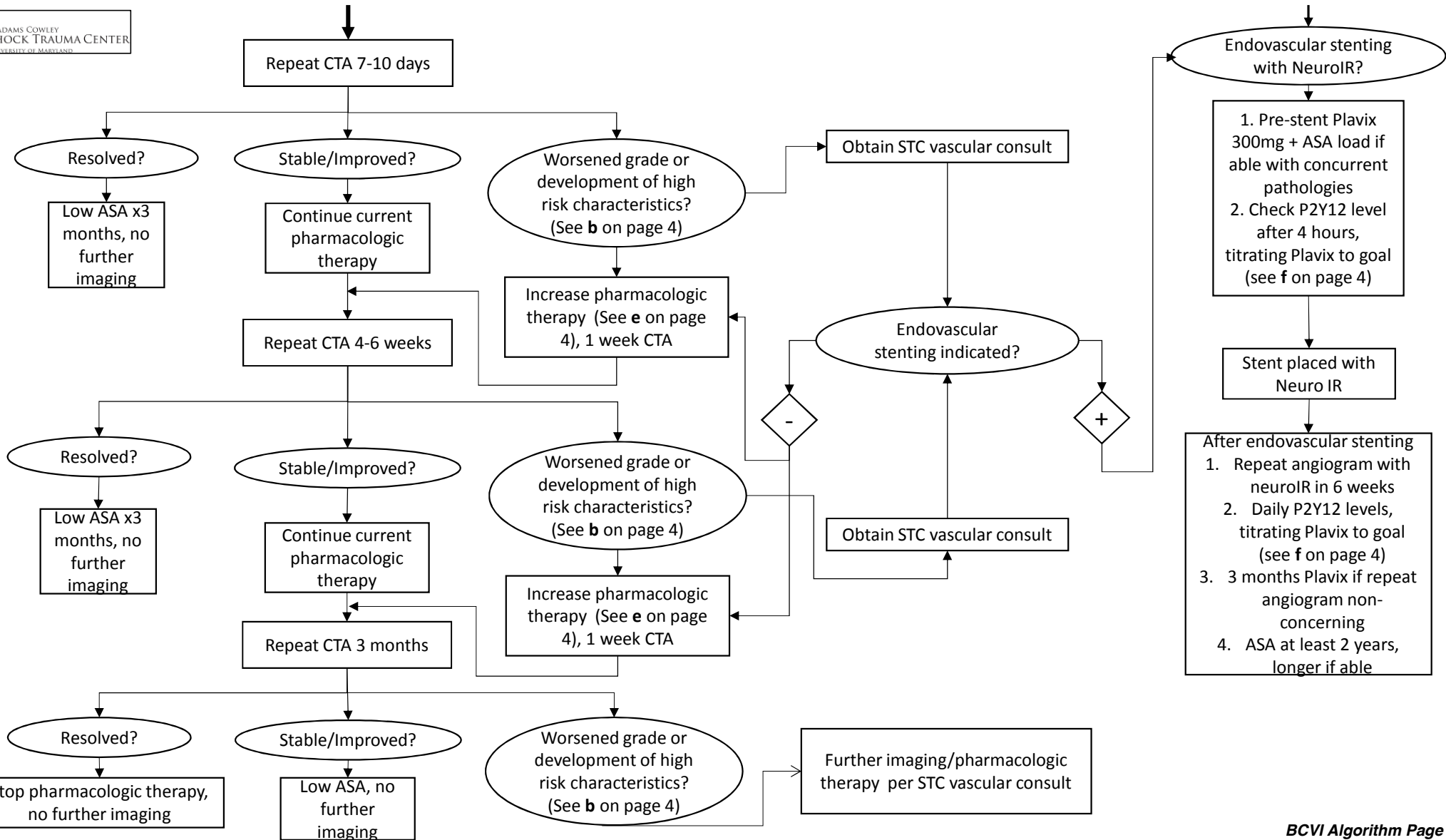


SHOCK TRAUMA BCVI ALGORITHM







BCVI Signs/Symptoms/Risk Factors ^a

Mechanism	Hanging or near-hanging Choking Direct blow to neck Cervical hyperextension injury Cervical distraction injury
Symptoms/ Exam findings	Arterial hemorrhage or expanding neck hematoma Cervical bruit Unexplained focal neurologic deficit (if examinable) Neurologic exam inconsistent with head CT findings Stroke on CT scan Seat belt mark or neck hematoma Horner's syndrome Severe epistaxis
Associated Injuries	Severe TBI (GCS<9) or DAI Cervical spine fractures (except isolated spinous process) Cervical spine dislocations Cervical SCI Basilar skull fracture (involving the carotid canal or sphenocavernous complex) Midface fractures (LeForte II or III, naso-ethmoidal complex) Complex mandibular fractures Severe thoracic trauma (AIS>3)

Pharmacologic Therapy ^c

Antiplatelet agents (AP)	
Low ASA	Aspirin 81 mg qD
ASA	Aspirin 325 mg qD
Plavix	Clopidogrel 75 mg qD
Anticoagulation ("A/C")	
Unfractionated heparin	Titrate to PTT 60-80 s
Coumadin	Titrate to INR 2.0-3.0
Lovenox	Enoxaparin 1mg/kg q12h, anti-factor Xa level after 4 th dose
NOAC	Novel oral anticoagulant

Injury Grades ^d

Grade I narrowing	Luminal irregularity or dissection/intramural hematoma with <25% luminal narrowing
Grade II	Dissection or intramural hematoma of ≥25% of the lumen
Grade IIa	Dissection or intramural hematoma of 25-50% of the lumen
Grade IIb	Dissection or intramural hematoma of >50% of the lumen or intimal flap
Grade III	Pseudoaneurysm
Grade IV	Vessel occlusion
Grade V	Vessel transection

High Risk BCVI Characteristics ^b

- Grade 5 BCVI (carotid and vertebral)
- Grade 4 BCVI (carotid)
- Irregular/free floating thrombus
- Symptomatic lesion (TIA or stroke)
- Severe luminal stenosis
- Worsening CT lesion characteristics (stenosis, PSA, thrombus)
- Decreased intracranial flow or perfusion
- AV fistula
- Provider concern about lesion severity

Increasing Pharmacologic Therapy ^e

With worsening (increased grade, increased flow limitation, increased size of pseudoaneurysm, etc.), medical therapy should be titrated up.

Low ASA	to	ASA
ASA	to	ASA & Plavix
ASA & Plavix	to	A/C

P2Y12 Level Goals ^f

- >200: Reload with 300mg Plavix
- 70-200: Continue 75mg Plavix qD
- <70: Change to Plavix 75mg every other day
- <30: Change to Plavix every third day