

POLICY:554.87TITLE:Extremity Trauma

 EFFECTIVE:
 02/13/2019

 REVIEW:
 02/2024

 SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PAGE: 1 of 1

Extremity Trauma

I. <u>AUTHORITY</u> Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

II <u>PURPOSE</u> To serve as a patient treatment standard for EMRs, EMTs, AEMTs and Paramedics within their scope of practice.

III. <u>PROTOCOL</u>

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STANDING ORDERS	
ASSESS	CAB
SECURE AIRWAY	Use simplest effective method while maintaining SSMR. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable Beyond BLS airway managementrefer to General Procedure Protocol 554.00
SPINE IMMOBILIZATION	If indicated Refer to 554.80 Selective Spinal Movement Restriction
OXYGEN	Oxygen delivery as appropriate
HEMORRHAGE CONTROL	Control bleeding with direct pressure
	• Use a tourniquet if bleeding is uncontrolled
	• Elevate and splint injured extremity in position of comfort
DRESS & SPLINT	Dress and splint as indicated. Consider hemostatic dressing or tourniquet as appropriate.
IV/IO ACCESS	TKO. If systolic BP is less than 80mmHg, give 250 boluses to SPB reaches 80 mmHg. Reassess patient after each bolus
PAIN MANAGEMENT	Refer to Pain Management Protocol 554.44
CONSIDERATIONS	Fracture/Dislocation – Open or closed femur fractures may be splinted with traction or cardboard splints after gentle realignment with manual traction (pain management should be administered to facilitate muscle relaxation). Check neuro-vascular status prior to and after each extremity manipulation. Splint dislocations in position found. If the extremity is pulseless, attempt to place it in normal anatomic position by gentle in-line traction.
	Amputations - If partial amputation, splint in anatomic position and elevate the extremity. Wrap completely amputated parts in dry sterile gauze, then place parts in a sealed and dry container. Place container on ice, if possible.
BASE PHYSICIAN ORDERS	
PAIN MANAGEMENT	Refer to Pain Management Protocol 554.44