t-6 EXTREMITY TRAUMA

PRIORITIES:

- ABCs
- Determine baseline sensory and motor function/deficits prior to skeletal stabilization/splinting;
- Determine if patient's injury(s), history, mechanism of injury requires "LOAD AND GO" activities;
- Assure an advanced life support response..

*As with all traumatically injured patients, transport per **LOAD AND GO Procedure** with special considerations.*

Extremity Trauma General Guidelines

1. Return extremity to anatomic position if possible as resistance/pain allows;
2. Apply splints and re-check neurovascular status after each manipulation and periodically enroute.
3. Control bleeding with direct pressure;
4. Cover open fractures with sterile saline soaked gauze;
5. Splint all dislocations 9joint injuries) in position found and transport as soon as possible.

Amputations

1. Care of the amputated extremity:
   - If partial amputations, splint in anatomic position and elevate the extremity;
   - If the part is completely amputated, place the amputated part in a sterile dry container or bag. Seal or tie off the bag if possible. Place in a second container or bag if possible and seal or tie off. Place on ice if available. DO NOT place part directly on ice or in water. Elevate the extremity involved and dress in dry gauze.

Hand and Wrist

1. Splint to include wrist;
2. Assess distal function (pulse, color, sensation and motion) before and after splinting.

Elbow Dislocation

1. Splint in position found;
2. Assess distal function (pulse, color, sensation and motion) before and after splinting

Upper Arm

1. Splint and swathe arm;
2. Assess distal function (pulse, color, sensation and motion) before and after splinting

Shoulder Fracture and Dislocations

1. Splint in position of comfort, sling and swathe as warranted;
2. Assess distal function (pulse, color, sensation and motion) before and after splinting

Clavicle

1. Sling and swathe arm

t-6 EXTREMITY TRAUMA (cont)

Scapula
1. Sling for arm
2. Assess respiratory status;

Ribs
1. Assess respiratory status
2. Flail chest assessment (See Chest Trauma, Protocol t-4)

Pelvis
1. Place on long board immobilization device;
2. Do not roll patient;
3. Treat for shock, if present;
4. Splint legs together, padding under knees for comfort;

Femur
1. Splint using an appropriate traction device or fixation splint, if not accompanied with a pelvis and/or lower leg fracture;
2. Assess distal pulses and neurologic status before and after splinting;
3. Treat for shock, if present.

Fibula-Tibia
1. Splint adjacent joint
2. Assess distal pulses and neuro status before and after splinting
3. Treat for shock, if present

Hip Fracture or Dislocations
1. Stabilize in position of comfort
2. Assess distal pulses and neuro status before and after splinting
3. Treat for shock, if present.

Knee Fractures and Dislocations
1. Splint in position found;
2. Assess distal pulses and neuro status before and after splinting

Foot and Ankle Fractures
Splint but do not apply traction splint;
Assess distal pulses and neuro status before and after splinting

Jaw (Maxillo-Facial Trauma)
1. Maintain airway;
2. Suction as necessary
3. Consider c-spine immobilization
4. Position patient to maintain airway
5. Collect avulsed teeth and place in moist sterile gauze and plastic bag.