

APPROVED: Signature On File In EMS Office
Executive Director

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Medical Director

EFFECTIVE DATE 7/01/2011
SUPERSEDES: _____
REVISED: _____
REVIEW DATE: 7//2016
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EXTREMITY TRAUMA

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as a patient treatment standard for EMTs and Paramedics within their scope of practice.
- III. PROTOCOL:

STANDING ORDERS

ASSESS	CAB
SECURE AIRWAY	Use simplest effective method while maintaining c-spine. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Refer to General Procedure Protocol 554.00
SPINE IMMOBILIZATION	If indicated Refer to General Procedure Protocol 554.00
OXYGEN	Oxygen delivery as appropriate
HEMORRHAGE CONTROL	<ul style="list-style-type: none">• Control bleeding with direct pressure• Consider tourniquet if bleeding uncontrolled or systolic BP less than 90 mmHg• Elevate and splint injured extremity in position of comfort
DRESS & SPLINT	<ul style="list-style-type: none">▪ Cover open wounds with sterile dressing▪ Remove rings or other possible constricting items.
IV/IO ACCESS	TKO. If systolic BP is less than 90mmHg, give 250 boluses to SPB 90-100. 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 (Morphine 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
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