Treatment Priorities

1. Hemorrhage control
2. Assessment/Care for life-threatening injuries/shock
3. Vital signs
4. Splint suspected fractures
5. Analgesia (if required)
6. Appropriate trauma care destination selection

10G – EXTREMITY/AMPUTATION INJURY

Adult & Pediatric

EMERGENCY MEDICAL DISPATCHER
EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

EMD

DO NOT MOVE THE PATIENT UNLESS IN DANGER
STABILIZE HEAD AND NECK IN POSITION FOUND
OPEN AIRWAY IF NOT ALERT & INEFFECTIVE BREATHING
CONTROL BLEEDING ONLY IF SERIOUS
DO NOT ATTEMPT TO SPLINT INJURIES

EMR / EMT

TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE
SPINAL "STABILIZATION" - DO NOT APPLY SPINAL "TRACTION" DURING MOTION RESTRICTION OR IMMOBILIZATION (if applicable)
APPLY TOURNIQUET FOR HEMORRHAGE UNCONTROLLED BY DIRECT PRESSURE PER PROTOCOL 10H - TOURNIQUET
OBTAIN VITAL SIGNS
O^2 VIA NC, NRB AS APPROPRIATE
SPLINT SUSPECTED FRACTURES INCLUDING JOINT ABOVE AND BELOW AREA OF INJURY
COVER AMPUTATED ANATOMY WITH SALINE-MOISTENED GAUZE
PLACE AMPUTATED ANATOMY IN A CLEAN PLASTIC BAG
PLACE AMPUTATED ANATOMY OVER ICE, AVOIDING DIRECT CONTACT OF AMPUTATED ANATOMY WITH ICE
STABILIZE IMPALED OBJECTS
APPLY CARDIAC MONITOR (if equipped)

EMT-I85 / AEMT

IV ACCESS (IO IF INDICATED)

IV ACCESS (IO IF INDICATED) ESTABLISH TWO LINES IF POSSIBLE
ADULT: IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS
ADULT: IV NS 250 mL BOLUS IF SYS BP <100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA,
ADULT: REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA
PEDIATRIC: IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEMA
PEDIATRIC: REPEAT UP TO 60 mL/kg IF SYS BP REMAINS < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEMA

AEMT or HIGHER LICENSE

ADULT: ACETAMINOPHEN < 70kg, 500mg IVPB over 10+ mins.
ACETAMINOPHEN ≥ 70kg, 1000mg IVPB over 10+ mins.
PEDIATRIC: ACETAMINOPHEN ≥ 10kg, 15 mg/kg (MAX 1000mg) IVPB OVER 10+ MINS.

PARAMEDIC

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)

ANALGESIA (IF REQUIRED)
FOR OPIATE USE, ADULT MUST HAVE SYS BP ≥ 100 mmHg; PEDIATRIC MUST HAVE SYS BP ≥ (70 + 2x age in years) mmHg

ADULT: FENTANYL 1 mcg/kg SLOW IVP/IM/IN, MAXIMUM DOSE 100 mcg. MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 3 mcg/kg or 250 mcg WHICHEVER IS LESSER.
PEDIATRIC: FENTANYL 1 mcg/kg SLOW IVP/IM/IN, MAXIMUM DOSE 50 mcg
OR
ADULT: KETAMINE 0.3 mg/kg IV/IO UP TO A MAX OF 30 mg in 100 mL NS INFUSED OVER 10 MINUTES;
May repeat once at 0.15 mg/kg IV/IO MAX of 20 mg in 100 mL NS Infused over 15 minutes
KETAMINE 0.3 mg/kg UP TO MAX of 30 mg IN BREATH ACTUATED NEBULIZER (ADD NS TO MAKE TOTAL VOLUME 5 mL), OXYGEN ON 6-8 LPM.
May repeat once at 0.15 mg/kg UP TO MAX of 20 mg IN BREATH ACTUATED NEBULIZER (ADD NS TO MAKE TOTAL VOLUME 5 mL)
OR
ADULT: MORPHINE SULFATE 2 - 4 mg SLOW IVP, MAY REPEAT 2 - 4 mg EVERY 5 MINUTES TO A TOTAL OF 10 mg.
OR
ADULT: HYDROMORPHONE 0.5 - 1 mg SLOW IVP, MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 2 mg.
PEDIATRIC: OLMCP ORDER ONLY

ANTIBIOTIC for open long bone (proximal to wrist or ankle) fracture(s)
ADULT: Cefazolin 1 Gm IVPB if less than 80Kg; 2 Gm IVPB if greater than or 80Kg
PEDIATRIC: Reconstitute 1 gram in vial with 2mL NS then add 0.1mL/kg to a 100mL bag of NS. Using a 10gtt/mL drip set run the fluids at 100gtt/min until infusion is complete. Greater than 20 Kg use adult dosing.

OLMCP CONSULT IF FURTHER ANALGESIA REQUIRED