

2. Firmly grasp the joint immediately proximal and immediately distal to the injured section and apply opposing manual traction – pulling both joints until the injured section is aligned into an approximately straight line.
3. When repositioning an injured JOINT, traction is generally not required. The distal bone is simply returned to a normal appearing neutral position.
4. After an injury has been repositioned, confirm presence of pulses and sensation in the distal portion.
5. After an injury has been repositioned, the joint above and below, as well as the injured section, should be immobilized.

B. Use of Splints

1. The primary objective of field care for suspected fractures is to provide a rigid external support along the entire length of the injured bone.
2. Splints will be used of sufficient length or design, to allow the member to secure and immobilize the adjacent proximal joint, the injured bone, and the adjacent distal joint.
3. After an injury has been immobilized, confirm the presence of distal pulses or capillary refill less than 2 seconds, and normal sensation.

C. Use of Traction Splints

1. Traction splints are used primarily for treatment of suspected closed, mid-shaft femur fractures. The largest muscle mass in the human body surrounds the length of the femur. Application of traction reduces the muscle spasm associated with a fractured femur and eliminates much of the pain. It causes alignment of the bone fragments, reduces/controls bleeding and shock, and prevents further nerve, vascular and tissue damage.
2. The Sager® splint is designed for use on adult and pediatric patients. It also can be used on single and bilateral femur fractures.
3. Position splint shaft between the patient's legs, resting the cushion against the ischial tuberosity and apply the thigh strap.
4. Note the absence or presence of distal pulses. Check for sensation.
5. Remove shoe(s), if possible, and apply the ankle harness. Shorten the ankle sling length, as needed.
6. Apply gentle traction to the injured extremity by extending the splint shaft. The recommended pressure should be 10% of the patient's body weight per fractured femur up to 15 pounds.
7. At the hollow of the knees, gently slide the elastic leg cravats through the space, slide to the appropriate position, and secure. Recommended areas to secure are the mid-shaft, the lower legs, and the ankles.
8. After immobilization, confirm the presence of distal pulse/capillary refill of less than 2 seconds, and normal sensation.
9. Contraindications of a traction splint associated with a femur fracture:
 - Pelvic fracture.
 - Bone fragments sticking through the skin.
 - Supracondylar fractures of the distal end of the femur.
 - Fractures of the ankle and foot.
 The above fractures should be splinted as found.

7.08 Eye Irrigation [BLS/ALS]

A. Indication

1. Treatment of chemical injury to the eye. Serious chemical injury requires irrigation at the site of the injury, before the patient is brought to the emergency department.

2. Indicated for all acute chemical injuries to the eyes.
- B. Contraindication
1. None, but care should be given in cases of possible perforating injury to the eye. Do not apply pressure to the eye in this circumstance.
- C. Technique
1. Attach a one liter normal saline bag to IV tubing.
 2. During irrigation, the eyelids must be open. Utilization of 4x4 gauze to open eyelids may be helpful.
 3. Open the IV tubing, allowing saline to flow. Direct the gentle stream onto the sclera (white part) of the eye, letting the entire eye be rinsed. Avoiding pointing the saline flow directly at the iris/pupil.
 4. It is recommended to irrigate acid injuries to the eye for a minimum of 5 minutes and to irrigate alkali injuries to the eye a minimum of 15 minutes.

7.09 Patient Movement [BLS/ALS]

- A. Patients shall be moved into the ambulance and into the emergency department in a manner which does not further injure or exacerbate their medical condition or traumatic injury.
- B. The stretcher shall be brought next to the patient for transportation into the ambulance, or as close as reasonably possible. The patient shall be removed from the ambulance and brought into the emergency department by stretcher.
- C. When using any patient moving equipment, all present straps, belts or other methods of securing the patient shall be used.
- D. If a patient refuses to be moved by recommended methods, note that refusal in the patient care report narrative.
- E. Ensure patient care documentation explains any extenuating circumstances which alter standard means of patient movement.

7.10 Radio Report [BLS/ALS]

- A. Give a full verbal report when contacting the Base Station. A full report consists of the following information, in this order:
 - Unit number.
 - Hospital destination with ETA.
 - Age and sex of patient.
 - Chief complaint.
 - History of present illness or method of injury.
 - Past medical history (include medication/allergies).
 - Vital Signs.
 - Level of consciousness (AVPU method).
 - Glasgow Coma Score.
 - Physical Exam with Neurological Findings.
 - Diagnostics (i.e., Pulse Ox, Glucose level, 12 lead ECG).
 - All interventions performed or medications given prior to contact and patient response. Give a similar report to the medical personnel at the receiving facility.