

Limb Amputation (≥ PL6)

Clinical Indications:

1. Online medical control (OLMC) approval is required prior to performing a limb amputation on a live or viable patient.
2. An immediate and real risk to the patient's life due to a scene safety emergency.
3. A deteriorating patient physically trapped by a limb when they will almost certainly die during the time taken to secure extrication.
4. A completely mutilated non-survivable limb retaining minimal attachment, which is delaying extrication and evacuation from the scene in a non-immediate life-threatening situation.
5. The patient is dead and their limbs are blocking access to potentially live casualties.

Contraindications:

1. Entrapment of a limb at a proximal location so as to not allow proper placement of a tourniquet to control bleeding.
2. Environmental or situational consideration as to make the procedure unsafe for the provider.
3. Having blood products on scene or brought to scene to enable trauma resuscitation and possibly extend field time to allow for the patient to be disentangled without amputation, this is a relative contraindication to be discussed with OLMC.

Preparation for Use:

1. Don appropriate PPE
2. Reach consensus on extrication plan with rescue personnel.
3. Apply appropriate respiratory and cardiac patient monitoring.
4. Ensure all equipment is readily available: Scalpel or sharp knife, Chlorhexidine or betadine, Kerlix/gauze, 2 tourniquets, large trauma dressing, elastic wrap for application of trauma dressing, and a device such as a gigli saw, reciprocating saw, or hydraulic cutter to divide bone.
5. If the patient is conscious, then discuss the procedure with the patient and obtain consent if possible.
6. If the patient is possibly conscious, then administer Fentanyl or Ketamine for anesthesia.

Procedure:

1. Ensure appropriate sedation/anesthesia has been reached and ensure respiratory and cardiac monitoring is in place to monitor the patient for signs of over sedation and respiratory/cardiac arrest.
2. Apply 2 tourniquets proximal to the amputation site.
3. Clean the amputation site with chlorhexidine or betadine.
 - a. It is understood that limitations of the environment may prevent this from being an entirely sterile or clean procedure.
4. Stabilize the joint and structures related to the amputation to the best of your and partner(s) ability.
5. Make an incision around the limb as distal as possible cutting through all layers of soft tissue and bone.
6. Evaluate the stump for bleeding, take additional bleeding control measures as needed, and keep site as clean as possible.
7. Radio & document time of amputation(s).
8. Amputated parts should be secured, wrapped in clean dressing, and placed in a cool environment to the best ability of the crew. Amputated parts should then be transported to the receiving facility with the patient or in a secondary response vehicle as feasible based on patient and scene conditions.