11.04 SPECIAL CIRCUMSTANCES FIELD AMPUTATION

BLS Treatment

- If crush injury, refer to **Protocol 11.02 Crush Syndrome**.
- Request Amputation Team (minimum 3-person procedure).
- Clear access to chest, head and as far distally on entrapped extremity as possible.
- Position of comfort.
- NPO
- Assess circulation, airway, breathing, and responsiveness.
- **Oxygen** as indicated.
- Provide **Spinal Motion Restriction** as indicated or position of comfort as indicated.
- Appropriately splint suspected fractures/instability as indicated.
- Bandage wounds/control bleeding as indicated.

ALS Treatment

- IV or IO of **Normal Saline** TKO.
- For pain: may administer **Morphine.**

Treat for Crush Injury, as indicated.

- Expose extremity as much as possible. Assist amputation team during procedure, as needed.
- Transport amputated limb with patient to hospital following procedure.

Comments

- Be conservative and apply spinal motion restriction precautions if a suspicion of cervical spine injury exists and time permits. Do not delay life-saving patient care to perform interventions.
- Rapid transport of the post-amputation patient to a trauma center is critical.

Paramedic may assist with field amputation. Performing amputation/procedural sedation is not in the current paramedic scope of practice and sedation medications may only be administered by physicians or nurses in the field.

Amputation Team Guidelines (Physicians ONLY)

- Patient consent.
- Prep extremity.
- Establish proximal and distal control, if possible.
- Maintain clean, if not sterile, technique.
- Sedation: Preferred medication is **Midazolam.**
- Anesthesia: Preferred medications are **Ketamine** for prolonged procedure and **Methohexital** for short procedure.
- Provide pain control: Preferred medication is **Fentanyl.**
- Perform amputation using scalpel, cable saw and extremity tourniquet, as available.
- Accompany patient during transport to hospital.

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- Equipment list for amputation: (should be kept in a "go bag" accessible for rapid transport with team) EQUIPMENT NEEDS: O.R. amputation pack with:
  - Cable saw
  - Scalpel with # 10 blade
  - Scalpel with # 15 blade
  - Pneumatic tourniquet
  - Non-pneumatic tourniquet
  - Gauze
  - Kerlex
  - Betadine and betadine applicators
  - Needle driver
  - Tissue forceps, long and short
  - 4-0 Ethilon suture material on a curved needle
  - Bone wax
  - Coagulation dressing material
  - **Fentanyl** 500 micrograms
  - **Midazolam** 20 milligrams
  - **Ketamine** 500 milligrams
  - **Methohexital** 300 milligrams
  - Syringes assorted sizes
  - Needles assorted sizes

Training requirements of Amputation Team:

- All personnel: Current licensure and credentialing at hospital of origin.
- Operator: General Surgeon or Orthopedist (with O.R. privileges).
- Assistant Operator: Anesthesiologist or Emergency Physician (with sedation privileges.
- Second Assistant: Operating Room or Emergency Department technician.
- Documentation of field amputation on prehospital Patient Care Record.
- Sentinel Event: 100% review by Trauma System Audit Committee and Hospital Process Improvement Committee.

Base Hospital Contact Criteria

- Team activation: Requested by scene commander; dispatched by request through Department of Emergency Communications to Base Hospital Physician. Base Physician contacts Trauma Center Medical Director for approval, then the team on-call as designated by participating physician group and provided to Base Hospital.