4.05 EXTREMITY TRAUMA

BLS Treatment

- Apply tourniquet proximal to the injury when:
 - Direct pressure does not control bleeding.
 - o Amputation or near amputation of the limb.
 - o Severe bleeding from a site which is not accessible (example: entrapment).
 - o Severe bleeding from an impaled object.
 - o During a mass casualty.
 - Limb with the tourniquet should remain exposed.
- Splint injured extremities. Elevate the limb and apply cold packs. Cover open wounds with sterile dressing. Re-check neurological function/circulation every 5 minutes.
- Place amputated extremity in dry sterile dressing. Place in a plastic bag and on top of an ice/cold pack.
- If deformed extremity is pulseless, use gentle in line traction to restore anatomical position.
- 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

- Hemostatic dressings, as indicated.
- IV/ IO Normal Saline at TKO.
- If SBP <90, administer **Normal Saline** fluid bolus.
- For pain, if no evidence of head injury, or signs of hypoperfusion, and SBP > 90: may administer Morphine Sulfate.
- For nausea/vomiting: may administer Ondansetron.

Comments

Must communicate time when tourniquet was applied to receiving hospital staff.

Base Hospital Contact Criteria

• If there is any question with the hemodynamic status of the patient following administration of pain or nausea medications.