

# Extremity Injury/ Amputation

**Designation of Condition:** Blunt, penetrating, amputation, or [crush injury](#) resulting in pain swelling, deformity, altered sensation, motor function, diminished pulse or cool extremity due to nerve or blood vessel damage. Injury can present as: abrasions, contusions, lacerations, sprains, dislocations, fractures ( open, closed or angulated), and amputations

**B**

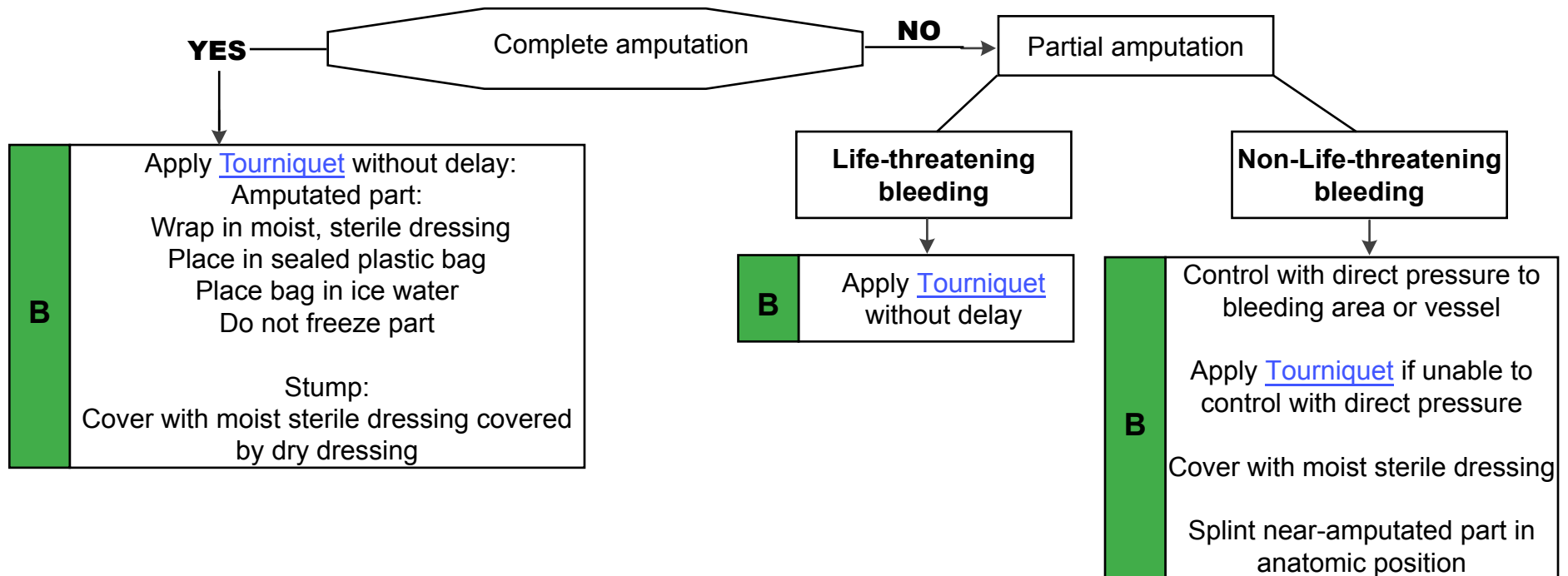
ABC's  
EXPOSE PATIENT/ injured area  
Vital signs

Evaluate for obvious deformity, shortening, rotation, or instability— check sensation, distal movement, pulse, capillary refill, and estimate degree of blood loss

Control bleeding with pressure and/or tourniquet, see [Tourniquet Procedure](#)

Remove obvious debris, irrigate open wounds with saline solution, and cover with moist sterile dressing.

Splint extremity as required. Traction splinting is preferred technique for isolated closed midshaft femur fractures.



**I**

IV/IO NS (two large bore preferred)  
DO NOT DELAY TRANSPORT TO INITIATE IV ACCESS  
If hypotensive treat per hemorrhagic [shock guideline](#) with goal SBP > 90mmhg [Pain management](#) with [MCEP](#) contact

**P**

[Pain management](#) as per guideline

**\*\*\*KEY POINT\*\*\***

In amputations, time is critical. Transport immediately, with notification of receiving facility.

Hip dislocations and knee and elbow fracture / dislocations have a high incidence of vascular compromise. Urgently transport any injury with vascular compromise.