Extremity Trauma

History
- Type of injury
- Mechanism: crush/ penetrating/ amputation
- Time of injury
- Open vs. closed wound / fracture
- Wound contamination
- Medical history
- Medications

Signs and Symptoms
- Pain and/ or swelling
- Deformity
- Altered sensation/ motor function
- Diminished pulse/ capillary refill
- Decreased extremity temperature

Differential
- Abrasion
- Contusion
- Laceration
- Sprain
- Dislocation
- Fracture
- Amputation

Wound care
Control Hemorrhage with Direct Pressure
Splinting as indicated

Consider
Topical Hemostatic Agent/ Dressing
if available

Wound Care WTP 4
Tourniquet Procedure WTP 7
if indicated

A IV or IO Access Protocol UP 6
if indicated

Age Appropriate
Airway Protocol(s) AR 1, 2, 3, 4, 5, 6, 7
if indicated

Multiple Trauma Protocol TB 6
if indicated

Age Appropriate Hypotension/ Shock
Protocol AM 5/ PM 3
if indicated

Pain Protocol UP 11
if indicated

Crush Syndrome Protocol TB 3
as indicated

Amputation and/ or Suspected Open Fracture → YES

NO

Monitor and Reassess

Notify Destination or Contact Medical Control

Open Fracture
or
Amputated Part with Bone Fracture
- Best outcomes in patients who receive antibiotics within 60 minutes of injury

- Clean amputated part
- Wrap part in sterile dressing soaked in normal saline or lactated ringers
- Place part/ dressing in air tight container.
- Place container on ice if available.

A

Rocephin 1g IV / IO
Pediatric > 1 year : 50 mg / kg IV / IO
Max 1gm

Zosyn 3.375/4.5g IV/IO

**** One of above is Required ****

Pearls
- **Recommended Exam: Mental Status, Extremity, Neuro, Perfusion**
- Peripheral neurovascular status is important to assess and document, as well as time of assessment.
- In amputations, time is critical. Transport and notify medical control immediately, so that the appropriate destination can be determined.
- Hip dislocations as well as knee and elbow fracture/ dislocations have a high incidence of vascular compromise.
- Urgently transport any injury with neurological or vascular compromise.
- Blood loss may be concealed or not apparent with extremity injuries.
- Lacerations optimally should be evaluated for repair within 6 hours from the time of injury.
- **Multiple casualty incident: Tourniquet Procedure may be considered first instead of direct pressure.**