



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

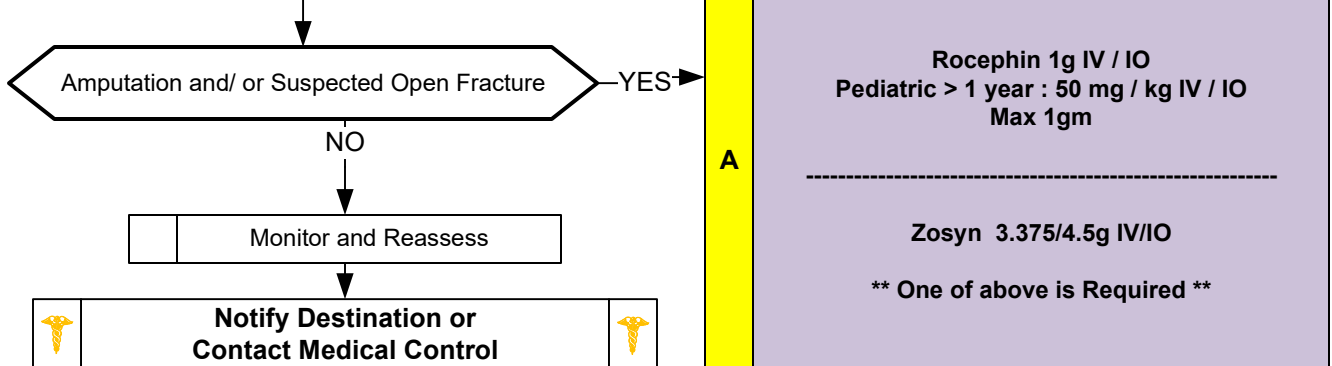
Differential

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

	Wound care Control Hemorrhage with Direct Pressure Splinting as indicated
	Consider Topical Hemostatic Agent/ Dressing <i>if available</i>
	Wound Care WTP 4 Tourniquet Procedure WTP 7 <i>if indicated</i>
A	IV or IO Access Protocol UP 6 <i>if indicated</i>
	Age Appropriate Airway Protocol(s) AR 1, 2, 3, 4, 5, 6, 7 <i>if indicated</i>
	Multiple Trauma Protocol TB 6 <i>if indicated</i>
	Age Appropriate Hypotension/ Shock Protocol AM 5/ PM 3 <i>if indicated</i>
	Pain Protocol UP 11 <i>if indicated</i>
	Crush Syndrome Protocol TB 3 <i>as indicated</i>

Open Fracture
or
Amputated Part with Bone Fracture

- Best outcomes in patients who receive antibiotics within 60 minutes of injury



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.**