

## Musculoskeletal Extremity Trauma – 10.140

### TREATMENT:

- A. Treat per Universal Patient Care.
- B. Spinal Immobilization as indicated in Spinal Injury protocol
- C. Treat for shock as needed
- D. Control external bleeding with direct pressure, elevation, hemostatic dressings, and/or tourniquet.
  - **Fracture, Sprain or Dislocation**
    1. Check for pulses, sensation and movement distal to the injury site before and after immobilization.
    2. Splint fractures/dislocations in the position found. If PMS is compromised distal to fracture consider applying gentle axial traction to bring extremity into normal anatomical position. If patient complains of increase in pain or resistance is felt, stop and immobilize. If PMS is compromised distal to dislocation, contact Medical Control.
    3. If fracture/dislocation is open, place a moist sterile dressing over wound and cover with a dry dressing.
    4. Elevate and/or place cold packs over fracture site if time/injuries allow.
    5. Apply traction splint to mid-shaft femur fractures.
    6. For pelvic fractures, utilize pelvic sling and secure patient to a backboard to minimize movement and blood loss.
  - **Amputation**
    1. Cover stump or partial amputation with moist sterile dressing.
    2. May use a tourniquet to control bleeding.
    3. Splint partial amputations in anatomical position to avoid torsion and angulation.
    4. Wrap amputated part in a sterile dressing, and place in a plastic bag to keep dry. Place bag in ice water if available.
    5. If transport time is prolonged (extended extrication, etc.) consider sending the amputated part ahead to be prepared for reimplantation.
- E. Treat pain per Pain Management protocol.
- F. Keep patient warm
- G. Monitor distal pulses, skin temp, sensation, and motor function
- H. Transport ASAP

### PEDIATRIC PATIENTS:

- A. Treat pain per Pain Management protocol.
- B. Consider non-accidental trauma as a cause of injury.

### DOCUMENT:

Mechanism of injury, previous medical history, medications and allergies, time of injury, quality of distal pulses, capillary refill, treatment(s) and responses, degree of deformity, and distal skin color.