

# **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

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	Wound care Control Hemorrhage with Direct Pressure Splinting as indicated  Consider Topical Hemostatic Agent/ Dressing if available	Open Fracture or Amputated Part with Bone Fracture  Best outcomes in patients who receive antibiotics within 60 minutes of injury
	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 <i>if indicated</i>	
	Pain Protocol UP 11 if indicated	
	Crush Syndrome Protocol TB 3 as indicated	
•	Amputation and/ or Open Fracture	<ul> <li>Clean amputated part</li> <li>Wrap part in sterile dressing soaked in normal saline or lactated ringers</li> <li>Place part/ dressing in air tight container.</li> <li>Place container on ice if available.</li> </ul>
	Monitor and Reassess  ▼  Notify Destination or	P Cefazolin 2 g IV / IO Pediatric: 30 mg/kg IV / IO Over 10 minutes Maximum 2 g if available
T	Contact Medical Control	

#### 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.