

Extremity Trauma



History

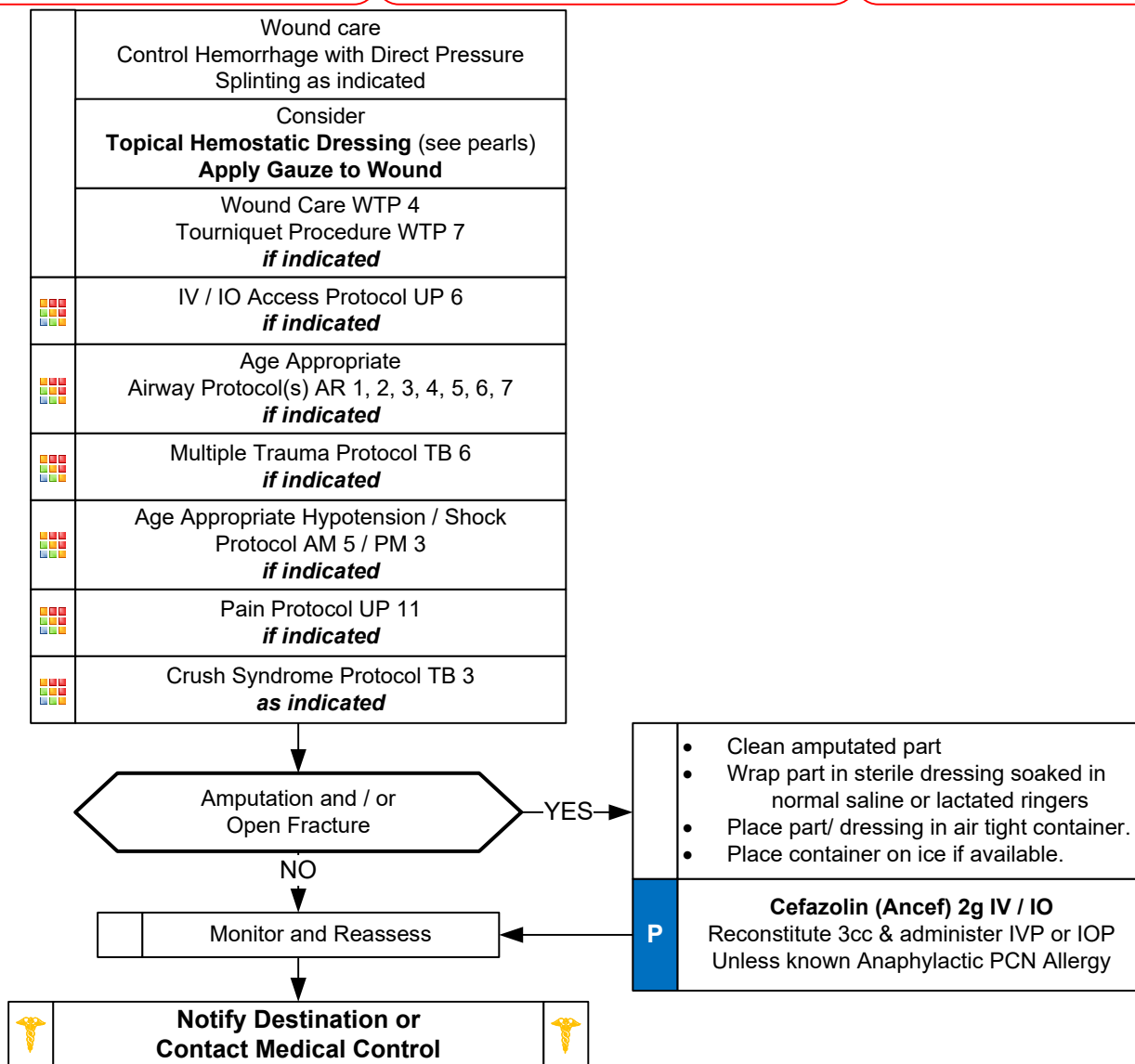
- * Type of injury
- * Mechanism: crush / penetrating / amputation
- * Time of injury
- * Open vs. closed wound / fracture
- * Wound contamination
- * Medical history
- * Medications

Signs and Symptoms

- * Pain, swelling
- * Deformity
- * Altered sensation / motor function
- * Diminished pulse / capillary refill
- * Decreased extremity temperature

Differential

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



Pearls

- * Can use commercial hemostatic dressing or 1g TXA poured onto gauze
- * **Recommended Exam: Mental Status, Extremity, Neuro**
- * Peripheral neurovascular status is important
- * In amputations, time is critical. Transport and notify medical control immediately, so that the appropriate destination can be determined.
- * Hip dislocations and knee and elbow fracture / dislocations have a high incidence of vascular compromise.
- * Urgently transport any injury with vascular compromise.
- * Blood loss may be concealed or not apparent with extremity injuries.
- * Lacerations must 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.**