## AMPUTATIONS / TOOTH AVULSIONS

## ALL PROVIDERS / EMT ☐ Focused history and physical exam ☐ Cardiac monitor, ETCO2, and pulse oximetry monitoring, when available ☐ Treatment Plan Maintain airway, apply oxygen as needed to maintain SaO2 90-94%. Unless this is an isolated injury, consider spinal motion restriction per the Spinal Motion Restriction Guideline. Treat for pain and anxiety per the *Pain and Anxiety Management Guideline*. Monitor closely for signs of shock, especially in amputations above the wrist or ankle. ☐ Amputated Body Parts and/or Tissue Apply direct pressure to control hemorrhage. A tourniquet is frequently required to control hemorrhage from amputation or near-amputation, when direct pressure is ineffective or impractical. If amputation is incomplete, cover stump with sterile dressing saturated in NS, splint affected digit or limb in baseline physiologic position. All easily retrievable tissue should be transported. Rinse part(s) with NS. Wrap tissue in sterile gauze moistened with NS. Place tissue into plastic bag or container. Place bag/container into separate container filled with ice (if available) Do not allow tissue to come into direct contact with ice, do not freeze, and do not submerge in water. **Tooth Avulsion** If tooth is out over 30 minutes, broken, or cannot be re-implanted on scene. Handle tooth by chewing surface only (avoid touching the root). Rinse with water. Do not scrub, dry, or wrap tooth in tissue or cloth. Place tooth in container of (in order of preference) Patient's saliva (place in patient's mouth, if patient awake and alert) Alternatively, it may be placed in a container with milk or normal saline If tooth is out less than 30 min, you may attempt re-Implantation (only **permanent** teeth) on scene (primary or "baby" teeth should not be re-implanted). Do not try to re-implant if more than 2 teeth are involved. The tooth must be cleanly avulsed with the entire root present. Only re-implant if it is one of the front 6 upper or lower teeth. Patient must be conscious and cooperative. Gently insert tooth back into the appropriate location without forcing it. Do not worry about positioning well. **□** Key Considerations Consider transportation of extremity amputation patients directly to a trauma center. **ADULT** PEDIATRIC (<15 years of Age) NOTE: Pediatric weight based dosing should not exceed Adult dosing. **AEMT AEMT**

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☐ Advanced airway, vascular access and fluid

**PARAMEDIC** 

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