

Extremity Trauma

History

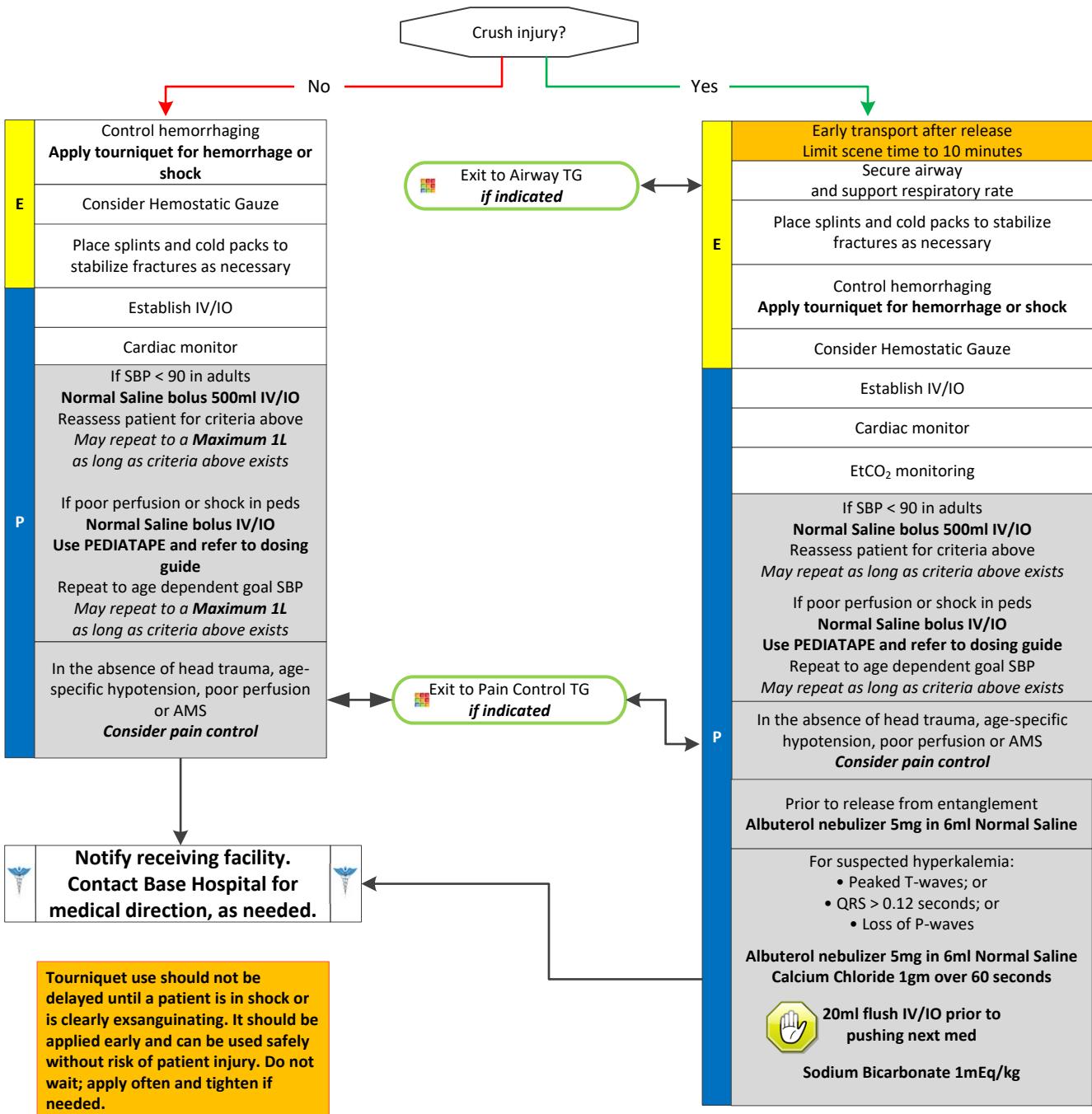
- Type and time of injury
- Mechanism (crush, penetrating, blunt, or amputation)
- Open vs. closed wound/fracture
- Past medical history
- Medications

Signs and Symptoms

- Evidence of trauma
- Pain, swelling, deformity, or bleeding
- Altered sensation or motor function
- Diminished pulse or capillary refill
- Decreased extremity temperature

Differential

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

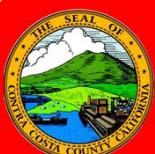


Treatment Guideline T04

Extremity Trauma

Pearls

- For partial amputations, splint affected extremity in anatomic location and elevate extremity.
- For complete amputations, place amputated part in a dry container or bag and place on ice. Seal or tie off bag and place in second container or bag. DO NOT place amputated extremity directly on ice or in water. Elevate extremity and dress with dry gauze.
- Penetrating trauma to an extremity may hide significant vascular injury and hemorrhage. Early application of a tourniquet should be considered.
- In cases of clear-cut traumatic arrest, epinephrine is not indicated in PEA or asystole. Epinephrine will not correct arrest caused by a tension pneumothorax, cardiac tamponade, or hemorrhagic shock. If there is any doubt as to the cause of arrest, treat as a non-traumatic arrest.
- Hypotension is age dependent. This is not always reliable and should be interpreted in context with the patient's typical BP, if known. Shock may be present with a seemingly normal blood pressure initially.
 - Neonate: < 60mmHg or weak pulses
 - Infant: < 70mmHg or weak pulses
 - 1-10 years: < 70mmHg + (age in years x2)
 - Over 10 years: <90mmHg
 - Over 65 years: <110mmHg
- If vigorous hemorrhage is not controlled with elevation and direct pressure on wound, apply a tourniquet. Tourniquets may be used in pediatric patients.
- Tourniquets and hemostatic gauze may also be appropriate for hemorrhage control in multi-casualty incidents.
- Consider the use of hemostatic gauze to pack the wound. More than hemostatic agent may be needed. Secure hemostatic gauze in place with a compression bandage.
- Crush Injury Syndrome is caused by muscle crush injury and cell death. Most patients have an extensive area of involvement such as a large muscle mass in a lower extremity or the pelvis. May develop after one (1) hour in the presence of a severe crush, but usually requires at least four (4) hours of compression. Hypovolemia and hyperkalemia may occur, particularly in extended entrapments.
- Avoid hyperventilation. Maintain an EtCO₂ of 35 or greater, which may be unreliable if the patient was subject to multisystem trauma or poor perfusion.
- Hypotension usually indicates injury or shock and should be treated aggressively.
- An important item to monitor and document is a change in the level of consciousness by repeat examination.
- Do not overlook the possibility of associated domestic violence or abuse.



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