



## PROCEDURES PROC-24

## TRAUMATIC AMPUTATION

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### Indications:

- Entrapment with imminent life threat to patient
- Entrapment without imminent life threat when all other means of extrication has been exhausted

### Contraindications:

- When extrication can be accomplished by any other means

### Equipment: Traumatic amputation kit contents

- Tourniquet x 2
- Scalpel #10 blade x 2
- Gigli saw x 2
- Large surgical dressing x2
- Elastic wrap 6 inch x2

### Procedure:

- Traumatic amputation must be directly authorized by the on-call MCHD medical director
- Only the on-call MCHD medical director or his designee shall be authorized to conduct this procedure
- Anesthesia and analgesia will be provided by a second provider who is not participating in the surgical procedure (see sedation guideline)
- A time out will be taken prior to the procedure to ensure correct patient and side for amputation- this will be verbalized to the entire team prior to procedure continuing
- Sedation with dissociative dose of Ketamine prior to start of the procedure
- A tourniquet will be placed above the level of amputation and time of placement noted
- Use scalpel for sharp soft tissue dissection down to bone
- Use Gigli saw to transect through bony tissues
- Wrap stump with large moist surgical dressing and wrap with elastic wrap
- Transport amputated limb along with the patient if possible

### Considerations:

- If possible the MCHD medical director or his designee shall contact the on-call trauma surgeon from Conroe Regional Medical Center or Memorial Herman the Woodlands to assist
- Full vital sign monitoring if possible including end tidal CO2 throughout the procedure and transport
- Consider Tranexamic Acid (TXA) and blood product administration if shock present with SBP<90