Information Needed

1. History: Mechanism of injury, medications (anti-coagulants) or medical problems (diabetes) that might affect the severity of an injury.
2. Physical findings: amputation, active or controlled bleeding; lacerations and abrasions; localized pain, tenderness, swelling, discoloration; angulation, exposed bone, and crepitus; decreased distal circulation, sensation or movement.

Treatment

1. Treat airway, breathing and hypotension as first priority.
2. Control bleeding. If you are unable to control bleeding with direct pressure, apply a tourniquet.
3. Determine vital signs (pulse, blood pressure, respirations, SPO2, ECG).
4. Perform physical exam and check distal circulation, sensation and movement.
5. Dress and bandage abrasions and lacerations. Apply sterile bandage to open fractures.
6. Immobilize as appropriate and, afterwards, re-check distal circulation, sensation and movement.
7. Elevate and apply cold to injury.
8. Locate and preserve amputated tissue in sterile gauze moistened with sterile saline. Keep cool but do not let the tissue freeze or become soaked in fluid.
9. Establish venous access and draw blood tubes. Consider fluid bolus if indicated.
10. Consider pain control and antiemetic.
11. Monitor circulation, sensation and motor function distal to the site of the injury during transport.

Notes

1. Extremity injuries are low priority in multiple trauma patients except when bleeding extensively or showing signs of limb ischemia.
2. If the extremity distal to a fracture/dislocation is cyanotic and numb, call medical control for guidance in reduction techniques.

Extremity Injuries

3. Document circulation, movement, and sensation of splinted limbs before splinting, after splinting, and after any movement or manipulation of the limb.

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