TREATMENT:

A. See Trauma Priorities Protocol 10.220
B. Treat per Universal Patient Care protocol.
C. Spinal Immobilization as indicated in Spinal Injury Protocol.

D. Fracture, Sprain or Dislocation
    1. Check for pulses, movement, and sensation distal to the injury site before and after immobilization.
    2. Splint fractures/dislocations in the position found. If PMS is compromised distal to fracture consider applying gentle axial traction to bring extremity into normal anatomical position. If patient complains of increase in pain or resistance is felt, stop and immobilize. If PMS is compromised distal to dislocation, contact OLMC.
    3. If fracture/dislocation is open, place a moist sterile dressing over wound and cover with a dry dressing.
    4. Treat pain per Pain Management protocol
    5. Elevate and/or place cold packs over fracture site if time/injuries allow.
    6. Apply traction splint to closed mid-shaft femur fractures.
    7. For pelvic fractures with hemodynamically unstable patients, utilize pelvic sling and minimize movement and blood loss.
    8. For patellar dislocations check and document distal neurovascular function. Gently straighten the patient's knee. If the patella has not spontaneously returned to normal anatomical position, gently guide the displaced patella medially into normal anatomical position. Discontinue the procedure if pain significantly increases and/or physical resistance is encountered. Splint the knee in a neutral position (10 - 15 degrees of flexion). Stabilize the patella by taping or bracing in place. Reassess and document distal neurovascular status. Arrange for transport to hospital.
        (A) Note: *This applies to lateral dislocations, which are most common. DOES NOT apply to distal dislocations of the patella.*

E. Amputation
    1. Cover stump or partial amputation with moist sterile dressing.
    2. May use a tourniquet to control bleeding.
    3. Splint partial amputations in anatomical position to avoid torsion and angulation.
    4. Wrap amputated part in a sterile dressing, and place in a plastic bag to keep dry. Place bag in ice water if available.
    5. If transport time is prolonged (extended extrication, etc.) consider sending the amputated part ahead to be prepared for reimplantation.
    6. Treat pain per Pain Management protocol.
    7. Keep patient warm
    8. Monitor distal pulses, skin temp, sensation, and motor function
    9. Transport ASAP

PEDIATRIC PATIENTS:

A. Treat pain per Pain Management protocol.
B. Consider non-accidental trauma as a cause of injury.

DOCUMENT:
Mechanism of injury, previous medical history, medications and allergies, time of injury, quality of distal pulses, capillary refill, treatment(s) and responses, degree of deformity, and distal skin color.