
EXTREMITY INJURY

1. ASSESSMENT:

- 1.1 Routine Medical Care
- 1.2 Document mechanism of injury
- 1.3 Document past medical history including history of previous injuries
- 1.4 Check for deformity, open wounds, swelling, shortening and/or rotation
- 1.5 Document range of motion, pulses, sensation and color of the extremity
- 1.6 Assess severity of pain (1-10 scale)
- 1.7 Assess for other associated injuries

2. GENERAL CARE: (all patients)

- 2.1 Control any external bleeding with direct pressure
- 2.2 Elevate and apply cold packs
- 2.3 Splint injured extremity Hand injuries should be positioned in the “safe position”
- 2.4 Cover open wounds with sterile dressings
- 2.5 Provide Pain control – see Pain Management **page 39** (Adult) or **page 60** (Pediatric)
- 2.6 Remove rings or other possibly constricting items



“Safe” splinting position

3. FRACTURE / DISLOCATION:

- 3.1 If the extremity is pulseless, attempt to place it in normal anatomic position by gentle in-line traction
- 3.2 If repositioning does not restore circulation, do not manipulate further, transport immediately.
- 3.3 Start IV NS in uninjured extremity

4. AMPUTATION:

- 4.1 Place amputated part in dry, sterile dressing, place in sealed plastic bag, and place on top of ice or cold packs
- 4.2 Start IV of NS in uninjured extremity
- 4.3 If hypotensive (SBP < 90 or signs of poor perfusion), give fluid challenge (500 mL NS, reassess and repeat if indicated)

5. HIGH-PRESSURE INJECTION INJURY:

- 5.1 Compressed air injuries, although they may initially look innocuous require immediate transport, especially if paint, paint thinner or grease is involved. These wounds must be debrided in the operating room as soon as possible to prevent further damage and/or amputation

6. SNAKE BITE:

- 6.1 Gently wash the area with cool, wet cloth
- 6.2 Avoid constricting bands