BAETP

Michigan TRAUMA AND ENVIRONMENTAL SOFT TISSUE AND ORTHOPEDIC INJURIES

Initial Date: 5/31/2012

Revised Date: 10/25/2017

Section 2-5

Soft Tissue & Orthopedic Injuries

- Follow General Pre-hospital Care Protocol.
- Control bleeding.
 - A. Utilize direct pressure.
 - B. Consider early tourniquet use (refer to Tourniquet Application Procedure).
 - C. Consider FDA <u>and</u> MCA approved hemostatic agents and hemorrhage control devices.
 - Consider use of pressure dressings with deep wound packing.
 - E. Consider pelvic binding for suspected unstable pelvic fracture.
- 3. If appropriate, maintain spinal precautions for patient per Spinal Injury Assessment Protocol.
- 4. Assess pain on 1-10 scale.
- 5. Immobilize/splint orthopedic injuries as appropriate.
 - A. Special Considerations
 - Consider traction splinting for femur fractures (excluding hip/femoral neck).
 - Straighten severely angulated fractures if distal extremity has signs of decreased perfusion.
 - Evaluate and document neurovascular status before and after splinting.
 - iv. Dress open fractures.
- 6. Partial/complete amputations
 - A. Control bleeding as above.
 - B. Cover wounds with sterile dressings moistened with sterile solution.
 - C. Splint extremity.
 - Recoverable amputated parts should be brought to hospital as soon as possible.
 - E. Wrap amputated part in sterile dressing moistened with sterile solution. Seal in a plastic bag and, if available, place bag in container of ice and water. DO NOT place part directly on ice.
 - F. Frequent monitoring of circulation, sensation, and motion distal to the injury during transport.
- 7. For severe crush injuries, refer to General Crush Injury Protocol.
- 8. <u>Impaled objects are left in place and stabilized</u>. Removal of impaled objects is only with approval of medical control.
- 9. Follow local MCA transport protocol.
- 10. Provide pain management per Pain Management Procedure.

11. Consideration sedation per Patient Sedation Procedure.

MCA Name: Bay County MCA MCA Board Approval Date: 02/26/2018 MCA Implementation Date: 05/01/2018 Protocol Source/References:



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Follow General Pre-Hospital Care Protocol. Control bleeding Utilize direct pressure Consider early tourniquet use (refer to Tourniquet Application Procedure). Consider FDA and MCA approved hemostatic agents and hemorrhage control Consider use of pressure dressings with deep wound packing. If appropriate, stabilize cervical spine and Consider tourniquet use when applicable immobilize patient per Spinal Injury (refer to Tourniquet Application Assessment Protocol. Procedure). Immobilize/splint orthopedic injuries as appropriate Special Considerations. Consider traction splinting for femur fractures (excluding hip/femoral neck). Straighten severely angulated fractures if distal extremity has signs of decreased perfusion. Evaluate and document neurovascular status before and after splinting. 0 Dress open fractures. Provide pain management per Pain For severe crush injuries, refer to General Management Procedure. Crush Injury Protocol. Impaled objects are left in place & stabilized. Removal of impaled objects is only with approval of medical control. **Contact Medical Control** Follow local MCA transport protocol.

Partial/complete amputations

- Control bleeding as above
- Cover wounds with sterile dressings moistened with sterile solution.
- Splint extremity.
- Recoverable amputated parts should be brought to hospital as soon as possible.
- Wrap amputated part in sterile dressing moistened with sterile solution. Seal in a plastic bag and, if available, place bag in container of ice and water. DO NOT place part directly on ice.
- Frequent monitoring of circulation, sensation, and motion distal to the injury during transport.

Paramedics, consider sedation per Patient Sedation Procedure.

MCA Name: Bay County MCA

MCA Board Approval Date: 02/26/2018 MCA Implementation Date: 05/01/2018

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