

MUSCULOSKELETAL TRAUMA

Isolated musculoskeletal and extremity injuries are rarely a first priority. Pelvic injuries are high risk for serious internal bleeding. Total or partial amputations require special treatment procedures.

- A. Perform **Initial Treatment / Universal Patient Care Protocol** and follow the proper protocol for medical management based on clinical presentation.
- B. Treatment:
 - 1. Treat all painful, swollen, or deformed areas as fractures.
 - 2. Determine patient priority status:
 - a. Stable patients - splint before transporting.
 - b. Unstable patients - immobilize completely on long spine board and “load and go”.
 - 3. Evaluate injury site(s):
 - a. Visualize injured areas and remove clothing and jewelry.
 - b. Check pulse, motor, and sensory before and after immobilization.
 - c. Cover open wounds with dressing prior to immobilization.
- C. Pelvic injury:
 - 1. Splint with sheet or other circumferential immobilization device.
 - 2. Immobilize on backboard.
 - 3. If signs of shock:
 - a. Treat per **Shock Protocol 6108**
 - b. Consider ALS backup or aeromedical evacuation without delaying transport and meet en route.
- D. Extremity injuries:
 - 1. Support any injury site:

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- a. Attempt to straighten severely angulated fractures by applying slow, gentle and steady axial traction. Stop if resistance is met.
 - b. Splint joint injuries in position found.
 2. Apply splinting device, as appropriate, for the injury and situation.
 3. Elevate extremity.
 4. Apply cold packs to injury site.
 5. Consider ALS assistance for pain management.
- E. Total amputations:
1. Dress remaining part of limb.
 - a. Wrap limb with sterile compress dressing just tight enough to control bleeding.
 - b. **Do NOT** place clamps on arteries or veins.
 - c. If bleeding is excessive, apply a tourniquet just proximal to the amputation.
 2. Care for severed part:
 - a. Wrap severed part in sterile gauze slightly dampened with normal saline and place in sealed container (waterproof bag) immersed in ice water.
- F. Partial amputations:
1. Dress injury with a sterile compress dressing just tight enough to control bleeding.
 2. If bleeding is excessive, apply a tourniquet just proximal to the injury site.
 3. Splint the area.
 4. Apply ice to injury site.

H. In **consultation with Medical Command**, determine best mode of transport and most appropriate destination.

