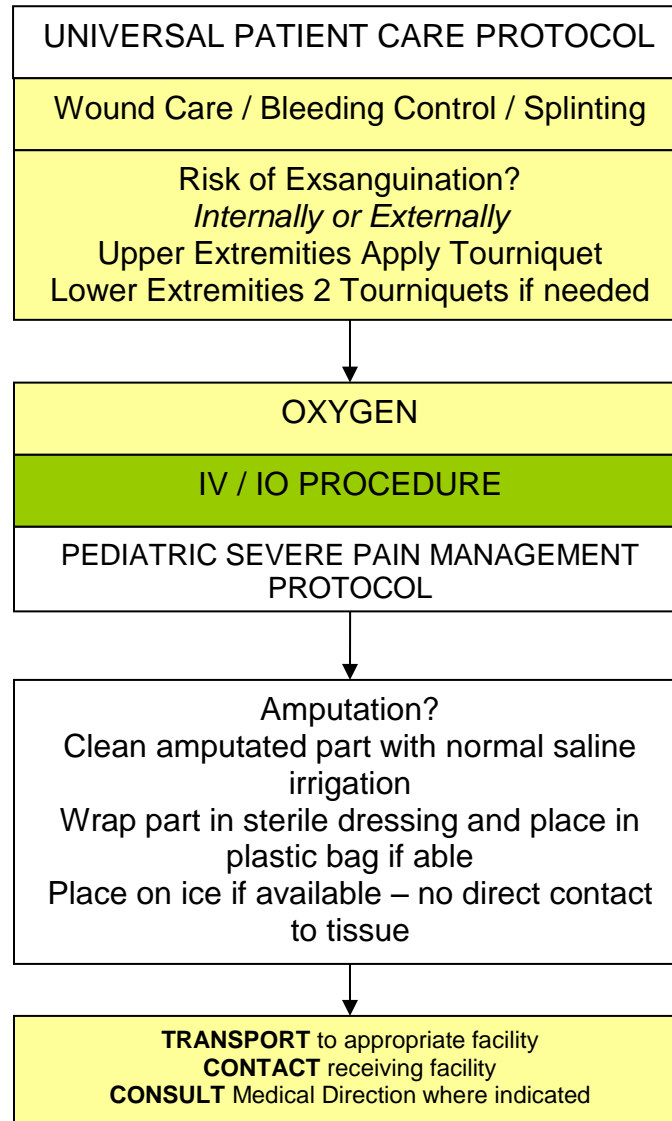




## Section 11: Pediatric Trauma Protocols

### PEDS TRAUMA: EXTREMITY TRAUMA/AMPUTATION

E	EMT	E
A	AEMT	A
P	PARAMEDIC	P
M	MED CONTROL	M





## Section 11: Pediatric Trauma Protocols

### PEDS TRAUMA: EXTREMITY TRAUMA/AMPUTATION-Cont.

#### PEARLS and KEY POINTS

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> <li>• Type of injury</li> <li>• Mechanism: crush / penetrating / amputation</li> <li>• Time of injury</li> <li>• Open vs. closed wound / fracture</li> <li>• Wound contamination</li> <li>• Medical history</li> <li>• Medications</li> </ul>	<ul style="list-style-type: none"> <li>• Pain, swelling</li> <li>• Deformity</li> <li>• Altered sensation / motor function</li> <li>• Diminished pulse / capillary refill</li> <li>• Decreased extremity temperature</li> </ul>	<ul style="list-style-type: none"> <li>• Abrasion</li> <li>• Contusion</li> <li>• Laceration</li> <li>• Sprain</li> <li>• Dislocation</li> <li>• Fracture</li> <li>• Amputation</li> </ul>

- Exam: Mental Status, Extremity, Neuro
- In amputations, time is critical. Transport and notify medical control immediately, so that the appropriate destination can be determined.
- Hip dislocations and knee and elbow fracture / dislocations have a high incidence of vascular compromise.
- Urgently transport any injury with vascular compromise.
- Blood loss may be concealed or not apparent with extremity injuries.
- Lacerations must be evaluated for repair within 6 hours from the time of injury.

#### Extremity Trauma

- In cases of major trauma, the backboard can work as a whole body splint.
- **DO NOT** take the time to splint injured extremities in major trauma patients unless it does not delay the scene time or prevents you from performing more pertinent patient care.
- Splint the extremity if the patient has signs and symptoms of a fracture or dislocation.
- Treat all suspected sprains or strains as fractures until proven otherwise.
- Splint the joint above and below for all suspected fractures.
- Splint the bone above and below for all suspected joint injuries.
- Check and document the patient's MSP's before and after splinting.
- A traction splint with a backboard is the preferred splint to use for femur fractures.

#### Traumatic Amputation

- Care of the amputated extremity include:
  - Cleanse an amputated extremity with normal saline or sterile water.
  - **DO NOT** place any amputated tissue directly on ice or cold pack. Instead, place the amputated limb into a plastic bag. Put the bag into a container of cool water with a few ice cubes (if available).
- Contact the receiving hospital with the patient information, and include the status of the amputated limb.
- Focus on patient care and not on the amputated extremity.
- Tourniquets should be applied early if there is a risk of exsanguination (bleeding out) from extremity injury.
- Remember to calm and reassure the patient. Do not give the patient or their family member's false hope of re-attachment of the affected limb. A medical team at the receiving hospital makes this decision.
- Delegate someone to do an on scene search for the amputated part when it cannot be readily found and continue with patient care.