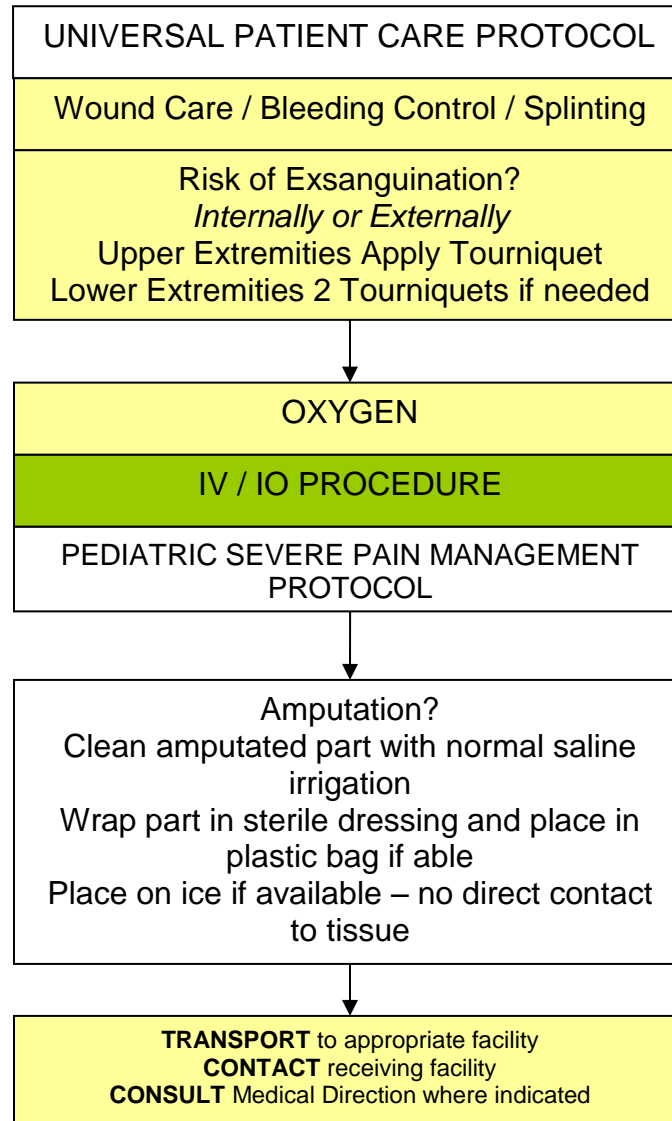




Section 11: Pediatric Trauma Protocols

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

- 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.