1162 SPLINTING – TRACTION SPLINTING

EMR	EMT	EMT-IV	AEMT	INTERMEDIATE	PARAMEDIC

Specific Information Needed

A. Mechanism of injury: direction of forces, if known
B. Areas of pain, swelling or limited movement
C. Treatment prior to arrival: realignment of open or closed fracture, or dislocations, movement of patient
D. Past medical history: medications, medical illnesses

Specific Objective Findings

A. Vital signs
B. Observe: localized swelling, discoloration, angulation, lacerations, exposed bone fragments, loss of function, guarding
C. Palpate: tenderness, crepitation, instability, quality of distal pulses, sensation
D. Note estimated blood loss at scene.

General Treatment

A. Treat airway, breathing, and circulation as first priorities.
B. Spinal stabilization when appropriate.
C. Examine for additional injuries to head, face, chest, and abdomen; treat those problems with higher priority first.
D. If patient unstable, transport rapidly, treating life threatening problems en route. Splint patient to minimize fracture movement by securing to Combi Carrier II.

Traction Splinting

a. Indicated for midshaft femur fractures.
b. Maintain continuous traction and support throughout the procedure.
c. Measure the splint length before application on unaffected leg
d. Carefully secure the groin strap first.
e. Position straps on the leg.
f. Select and attach the proper size ankle hitch.
g. Titrate the proper amount of traction to patient's comfort.
h. Secure the leg straps.
i. Check CMS before and after application and during transport.

Avoid this method whenever the patient's pain is aggravated by the application, particularly likely with injuries about the hip and knee joint.

Special precautions

a. Patients with multiple injuries have a limited capacity to recognize areas which have been injured. A patient with a femur fracture may be unable to recognize that he has other areas of pain. Be particularly aware of missing injuries proximal to the obvious ones (e.g., a hip dislocation with a femur fracture, or a humerus fracture with a forearm fracture).
b. Do not use ice or cold packs directly on skin or under air splints. Pad with towels or leave cooling for hospital setting.
c. Injuries around joints may become more painful and circulation may be lost with attempted realignment. If this occurs, stabilize the limb in the position of most comfort with the best distal circulation.
d. Traction splints should be used only if the leg can be straightened easily.
e. Beware of hip dislocations and angulated knee injuries; these can be aggravated by forced application of traction splints.
f. When in doubt, splint. Do not be deceived by the absence of deformity or disability.

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g. Fractured limbs often retain some ability to function.
h. Padding will increase comfort; this method can be very useful in children when traction devices and pre-made splints do not fit.
i. Any deviation requires contact and approval from base physician.