

1160 SPLINTING – EXTREMITY INJURY

EMR	EMT	EMT-IV	AEMT	INTERMEDIATE	PARAMEDIC
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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.

If patient stable, or Isolated Extremity Injury exists:

1. Check and record distal pulses, movement and sensation prior to immobilization of injured extremity.
2. Apply sterile dressing to open fractures. Note carefully wounds that appear to communicate with bone.
3. Splint areas of tenderness or deformity: apply gentle traction throughout treatment and try to immobilize the joint above and below the injury in the splint.
4. Realign angulated fractures by applying gentle axial traction if necessary to restore circulation distally or to immobilize adequately, i.e., realign femur fracture.
5. The splint should prevent movement while avoiding a decrease in distal circulation.
6. Check and record distal pulses and sensation after reduction and splinting.
7. Elevate simple extremity injuries. Apply ice pack if time and extent of injuries allow.
8. Monitor circulation (pulse and skin temperature), sensation, and motor function distal to site of injury during transport.

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. When in doubt, splint. Do not be deceived by the absence of deformity or disability.

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- e. Fractured limbs often retain some ability to function.
- f. Splinting body parts together can be a very effective way of immobilizing; arm to trunk or leg to leg.
- g. Padding will increase comfort; this method can be very useful in children when pre-made splints do not fit.
- h. Any deviation requires contact and approval from base physician.