Extremity Trauma

For any traumatic injury (ies) to the extremities that does not involve the head.

**History**
- Type and time of injury
- Mechanism (crush, penetrating, blunt, or amputation)
- Open vs. closed wound/fracture
- Past medical history
- Medications

**Signs and Symptoms**
- Evidence of trauma
- Pain, swelling, deformity, or bleeding
- Altered sensation or motor function
- Diminished pulse or capillary refill
- Decreased extremity temperature

**Differential**
- Abrasion
- Contusion
- Laceration
- Sprain
- Dislocation
- Fracture
- Amputation

**Crush injury?**

- Early transport after release
  - Limit scene time to 10 minutes
  - Control hemorrhaging
    - Apply tourniquet for hemorrhage
  - If wound is in a critical vascular area not accessible for a tourniquet,
    - Wound packing with hemostatic gauze
  - Place splints and cold packs to stabilize fractures as necessary

- Cardiac monitor
- EtCO₂ monitoring
- Establish IV/IO
- Secure airway and support respiratory rate
- Place splints and cold packs to stabilize fractures as necessary

**Tourniquet use should not be delayed until a patient is in shock or is clearly exsanguinating.** It should be applied early and can be used safely without risk of patient injury. Do not wait; apply often and tighten if needed.

**Notify receiving facility. Contact Base Hospital for medical direction**

**For suspected hyperkalemia:**
- Peaked T-waves; or
- QRS > 0.12 seconds; or
- Loss of P-waves

Albuterol/Levalbuterol
Calcium Chloride
Sodium Bicarbonate

Do NOT administer Sodium Bicarbonate and Calcium Chloride in the same IV.
San Mateo County Emergency Medical Services

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Pearls

• For partial amputations, splint affected extremity in anatomic location and elevate extremity.
• For complete amputations, place amputated part in a dry container or bag and place on ice. Seal or tie off bag and place in second container or bag. DO NOT place amputated extremity directly on ice or in water. Elevate extremity and dress with dry gauze.
• Penetrating trauma to an extremity may hide significant vascular injury and hemorrhage. Early application of a tourniquet should be considered.
• Hypotension is age dependent. This is not always reliable and should be interpreted in context with the patient’s typical BP, if known. Shock may be present with a seemingly normal blood pressure initially.
  ◦ Neonate: < 60mmHg or weak pulses
  ◦ Infant: < 70mmHg or weak pulses
  ◦ 1-10 years: < 70mmHg + (age in years x2)
  ◦ Over 10 years: <90mmHg
  ◦ Over 65 years: <110mmHg
• If vigorous hemorrhage is not controlled with direct pressure and elevation on wound, apply a tourniquet. Tourniquets may be used in pediatric patients. Tourniquets may also be appropriate for hemorrhage control in multi-casualty incidents.
• Crush Injury Syndrome is caused by muscle crush injury and cell death. Most patients have an extensive area of involvement such as a large muscle mass in a lower extremity or the pelvis. May develop after one (1) hour in the presence of a severe crush, but usually requires at least four (4) hours of compression. Hypovolemia and hyperkalemia may occur, particularly in extended entrapments.
• An important item to monitor and document is a change in the level of consciousness by repeat examination.
• Do not overlook the possibility of associated domestic violence or abuse.

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Treatment Protocol   T02

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