

T3

AMPUTATIONS

Amputations are very dramatic in nature and can focus all of the treatment on this one injury. Other life threatening injuries, illnesses and complications may also be present. EMS personnel must conduct a thorough assessment of the entire patient for other injuries.

Amputations are often emotionally difficult to deal with for the patient, bystanders and EMS personnel. Aside from the treatment for the injury, psychological support may be required for everyone involved.

GENERAL

- personal protective equipment should be utilized as appropriate
- body substance isolation techniques and equipment should be utilized as appropriate
- consider cervical spine precautions
- primary survey
 - record vital signs
 - during the primary survey control any major bleeding (refer to External and Internal Bleeding Guideline)
 - direct pressure to the stump may be required
 - this may be very painful and the patient should be informed of actions and interventions being implemented
 - a tourniquet may be required to control bleeding
- preparations for load and go should be initiated immediately
- secondary survey
 - it may be necessary to perform this en route
- if conscious, place patient in a position of comfort whenever possible
- obtain a pertinent history
 - history of event
 - injuries identified by patient
 - time of injury
 - mechanism of injury
 - past medical history
 - medications
 - allergies
 - last meal
- provide supplemental oxygen non-rebreathe mask
- treat for shock, if indicated (see Shock Guideline)

- treat all wounds
 - distal circulatory and neurological status must be reassessed after applying dressings and bandages
- do not allow the patient to exert him/herself - e.g. walking, standing unassisted to transfer to the stretcher, etc.
- load and go should be initiated as soon as possible
 - on scene times should be kept to a minimum
 - treat other life-threatening conditions en route
- transport the patient to the nearest appropriate health care facility
 - notify the receiving health care facility of the patient's status as soon as possible
 - transport patient in a position of comfort, injuries permitting
 - monitor and treat the patient en route
 - additional surveys and treatments should be conducted en route
- document all actions including the decision to initiate load and go
- report all findings to the receiving facility staff, and document on the patient care report

SPECIAL CONSIDERATIONS

Complete Amputations

- locate all of the severed parts
- rinse the part(s) gently with sterile saline to remove loose debris and gross contamination
 - do not scrub
- wrap the severed part(s) in sterile, saline soaked dressings
- place the wrapped part(s) into waterproof plastic bag(s)
 - seal the bag(s) with tape
 - do not pour fluid into the bag(s)
- label the bag(s) with patient name, date, and time
- place the plastic bag(s) into a container filled with ice and water if available, or a cold pack
 - label the container with the name, date, and time
- record the time of the incident and the approximate elapsed time before the part(s) was protected by ice and water
- transport the patient, with the severed part(s), if possible
 - if EMS personnel are unable to immediately locate and retrieve the severed part(s), transport the patient to the nearest appropriate health care facility without delay
 - a second EMS crew or other emergency response personnel (police, fire) should locate the severed part(s) and transport the part(s) to the receiving health care facility
- EMS personnel trained and certified in the use of morphine may do so to manage pain as a result of amputations, as outlined in the Morphine Administration Protocol

Partial Amputations

- monitor distal circulatory and neurological status en route
 - be prepared to adjust bandages and dressings if status is compromised by the dressings or bandages

NOTE

- a thorough patient assessment is required to identify underlying injuries
 - ensure the obvious injury is not the only injury
- transport of a critically injured patient should not be delayed while a search is being conducted for any severed body parts
 - if possible, the patient should be transported with any found body parts
 - any other parts found subsequent to the patient being transported should be brought to the receiving facility where the patient is located
- under ideal circumstances, most body parts can be reattached (i.e. arm, ear, finger, foot, leg, nose, penis, and scalp)
 - no recovered body part should be discarded with the belief it cannot be reattached
 - transport all recovered body parts to the receiving facility
- optimal results are obtained when reattachment occurs within a few hours of injury
 - expeditious transport of patient and body parts is required

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