Michigan

Adult Treatment Protocols SOFT TISSUE AND ORTHOPEDIC INJURIES

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Soft Tissue & Orthopedic Injuries

Pre-Medical Control

MFR/EMT/SPECIALIST/PARAMEDIC

- 1. Follow General Pre-hospital Care Protocol.
- 2. If appropriate, stabilize cervical spine and immobilize patient per **Spinal Injury Assessment Protocol.**
- 3. Assess and maintain adequacy of neurovascular function before and after immobilization.
- 4. Attempt to control bleeding.
 - A. Utilize direct pressure.
 - B. Use dressing and bandaging as needed.
 - C. Elevate for additional control.
 - D. Consider tourniquet use when applicable (refer to Tourniquet Application Procedure).
 - E. Consider FDA and MCA approved hemostatic agents.
- 5. Assess pain on 1-10 scale.
- 6. Immobilize or splint orthopedic injuries as appropriate
 - A. Traction splinting is for isolated femur fractures
 - B. Straighten severely angulated fractures if distal extremity has signs of decreased perfusion.
 - C. Consider pelvic binder (if available) for suspected pelvis fracture with hypotension.

7. Partial/complete amputations and/or severe crush injuries

- A. Cover wounds with sterile gauze dressings moistened with normal saline.
- B. Align in anatomical position if indicated. Splint and elevate extremity.
- C. Recoverable amputated parts should be brought to hospital as soon as possible.
- D. Wrap amputated part in sterile gauze dressing moistened with normal saline. Seal in a plastic bag and, if available, place bag in container of ice and water. DO NOT place part directly on ice.
- E. Continuous monitoring of circulation, sensation, and motion distal to the injury during transport.
- 8. Impaled objects are left in place and stabilized. Removal of impaled objects is only with approval of medical control.
- 9. Follow local MCA transport protocol.

PARAMEDIC

- 10. If Analgesia indicated:
 - A. Administer narcotic analgesic per **Pain Management Procedure**.
 - B. Reassess and document 1-10 pain score after each dose of analgesia.

Post-Medical Control:

PARAMEDIC

1. Consideration sedation per **Patient Sedation Procedure**.



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