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**.

Follow **General Pre-hospital Care Protocol**

If appropriate, stabilize cervical spine & immobilize patient per **Spinal Injury Assessment Protocol.**

Assess and maintain adequacy of neurovascular function before and after immobilization

Attempt to control bleeding
- Utilize direct pressure
- Use dressing & bandaging as needed
- Elevate for additional control
- Consider tourniquet use when applicable (refer to **Tourniquet Application Procedure.**
- Consider FDA **and** MCA approved hemostatic agents.

Assess pain on 1-10 scale

Immobilize or splint orthopedic injuries as appropriate
- Traction splinting for isolated femur fractures
- Straighten severely angulated fractures if distal extremity has signs of decreased perfusion
- Consider pelvic binder (if available) for suspected pelvis fracture with hypotension.

Partial/complete amputations and/or severe crush injuries
- Cover wounds w/sterile gauze dressing moistened with normal saline
- Align in anatomical position if indicated. Splint & elevate extremity.
- Recoverable amputated parts should be brought to hospital ASAP.
- Wrap amputated part in sterile gauze dressing moistened with normal saline. Seal in a plastic bag & if available place bag in container of ice & water. DO NOT place part directly on ice.
- Continuous monitoring of circulation, sensation & motion distal to the injury during transport

Impaled objects are left in place & stabilized. Removal of impaled objects is only with approval of medical control

Follow local MCA transport protocol

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

Contact Medical Control

Consideration sedation per **Patient Sedation Procedure**