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 procedure).
3. Assess and maintain adequacy of neurovascular function before and after immobilization.
4. Attempt to control all bleeding.
   a. Utilize direct pressure.
   b. Use dressing and bandaging as needed.
   c. Elevate and immobilize for additional control.
   d. Utilize pressure points if direct pressure fails to control hemorrhage.
   e. Use of tourniquet as indicated according to procedure.
5. Assess pain on 1-10 scale.

PARAMEDIC

6. If Analgesia indicated:
   a. Administer narcotic analgesic per MCA selection.
   b. Reassess and document 1-10 pain score after each dose of analgesia.

MFR/EMT/SPECIALIST/PARAMEDIC

7. 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.
8. 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 or dry ice.
   e. Continuous monitoring of circulation, sensation, and motion distal to the injury during transport.
9. Impaled objects are left in place and stabilized. Removal of impaled objects is only with approval of medical control.
10. Follow local MCA transport protocol.

Post-Medical Control:

PARAMEDIC

1. Consideration sedation per Patient Sedation Procedure.

NARCOTIC ANALGESIC OPTIONS:
(Select Options)

- Morphine Sulfate 2-5 mg IV (0.05 mg/kg) may repeat dose every 5 minutes until maximum of 0.2 mg/kg
- Fentanyl 50-100 mcg IV/IO (1mcg/kg) may repeat every 5 minutes until maximum of 3 mcg/kg
Follow General Pre-hospital Care Protocol

Assess and maintain adequacy of neurovascular function before and after immobilization

Attempt to control all bleeding

Utilize direct pressure
Use dressing & bandaging as needed
Elevate & immobilize for additional control
Utilize pressure points if direct pressure fails to control hemorrhage
Use tourniquet indicated according to procedure

If analgesic indicated:
Administer narcotic per selection (see box at right)
Reassess & document 1-10 pain score after each dose of analgesia

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

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
Take recoverable amputated parts to hospital ASAP
Wrap amputated part in sterile gauze dressing moistened with normal saline. Seal in a plastic bag & if available place bad in container of ice & water. DO NOT place part directly on ice or dry ice.
Continuous monitoring of circulation, sensation & motion distal to the injury during transport

Follow local MCA transport protocol

Contact Medical Control

Consideration sedation per Patient Sedation Procedure

If appropriate, stabilize cervical spine & immobilize patient (per procedure)

Pain Medication Option:
(Choose One)

Pre-medical control order
OR
Post-medical control order

Narcotic Analgesic Options
(Select Options)
Morphine Sulfate 2-5 mg IV (0.5 mg/kg); may repeat dose every 5 minutes until maximum of 0.2 mg/kg
OR
Fentanyl 50-100 mcg IV/IO (1mcg/kg) may repeat every 5 minutes until maximum of 3 mcg/kg