

WEST MICHIGAN REGIONAL PROTOCOL

AMPUTATED PARTS PROTOCOL

Number: II.D.1.
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Purpose: To provide the process for assessment and management of patients experiencing amputations.

- M B S P**
- I. Assessment Information**
- A. History:
1. Current History: mechanism of injury, time of injury and time of initiation of treatment, care given to stump and amputated part prior to arrival.
- B. Specific Objective Findings:
1. General description of type and extent of injury to area, including skin assessment
 2. If amputation is incomplete; assess motor, sensory, and circulatory exam of extremity.
 3. General description of amputated part
 4. Amount and type of bleeding (arterial, venous, capillary)
- M B S P**
- II. Management**
- A. Utilize universal precautions.
- B. Evaluate and maintain the airway, provide oxygenation and support ventilation as needed.
- C. Control bleeding with direct pressure and elevation; if unable to control, a wide band tourniquet or BP cuff may be used as a last resort.
1. DO NOT clamp bleeding vessels.
- S P**
- D. Obtain vascular access.
- E. **Partial amputations and/or severe crush injuries**
1. Irrigate area with normal saline to minimize gross contamination.
 2. Cover wounds with sterile gauze dressings moistened with normal saline.
 3. Align in anatomical position if indicated. Splint and elevate extremity.
 4. Continuous monitoring of circulation, sensation, and motion distal to the injury during transport.

CONTACT MEDICAL CONTROL

- P**
- 5. Possible orders post contact:**
- a. Consider medications per pain management procedure

- B S P**
- F. Complete Amputation**
1. Irrigate injured area with normal saline to minimize gross contamination.
 2. Cover stump with sterile gauze dressing moistened with normal saline. An elastic wrap may be applied for direct pressure control of bleeding. Splint and elevate the stump.
 3. Wrap amputated part in sterile gauze dressing moistened with normal saline. Seal in a plastic bag and, if available, place bag in a container of ice and water. DO NOT place part directly on ice or dry ice.
 4. Continuous monitoring of stump site for bleeding during transport.

CONTACT MEDICAL CONTROL

- P**
- 5. Possible orders post contact:**
- a. Consider medications for pain management

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III. **Special Considerations**

- A. All trauma patients need priority assessment and treatment for life-threatening and other injuries per trauma protocol.
- B. Amputations frequently are not complete but are the result of a tearing, crushing insult. The injured part is often unable to survive without restoration of its neurovascular supply. Affected parts typically include the scalp, nose, extremities, and penis.
- C. The decision whether a part can be re-attached is to be made by the surgeon in the hospital. EMS personnel should be supportive but should not comment on the viability of the amputated part. The goal of prehospital care is to preserve the part in optimum condition.
- D. An amputation usually results in severe psychological and emotional distress. These patients and significant others require extensive support.
- E. The patient should be not be given anything to eat or drink.
- F. Early IV hydration of the patient is an important factor in facilitating the long-term outcome.

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