REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic

SMO: Extremity Trauma

Overview: In a trauma event that involves the extremities, rapid transport, assessment and history to identify treatable occult causes must be accomplished

INFORMATION NEEDED
__ Patient complaint.
__ Pertinent past medical history.
__ Mechanism of injury.

OBJECTIVE FINDINGS
__ Physical signs of trauma (deformity, open wounds, swelling, shortening and / or rotation).
__ Assess severity of pain (scale 1-10)
__ Immobile extremity in place if joint involved
__ Assess for other associated injuries
__ Note range of motion, check PMS and color of extremity.

TREATMENT
__ Be prepared for rapid transport
__ Assess patient, scene safety
__ Ensure adequacy of airway. Use appropriate oxygen and airway adjuncts as needed.
__ Control external bleeding with direct pressure. Only use a tourniquet as a last resort to control bleeding.
__ Splint injured extremity as needed using appropriate splinting device. Include joint above and below injury when splinting.
__ Elevate and apply cold packs as indicated.
__ Cover open wounds with sterile dressings.
__ If amputation, recover amputated part and place in a dry, sterile dressing, place in a seal plastic bag & place on top of ice or cold pack. (see Amputated Parts Protocol)
__ Reassess pulses as needed
__ Transport as soon as possible.

Documentation of adherence to protocol:
__ Mechanism of injury
__ If deformity noted on exam, identify affected extremity appropriately immobilized.
__ Presence or absence of PMS before and after interventions
__ Oxygen and airway interventions
__ Focused Trauma exam documented

PRECAUTIONS AND COMMENTS

- Pad all splinted extremities and recheck neurological functions and circulation at least every 5 minutes.
- Be alert to signs and symptoms of compartment syndrome (pain, pallor, paresthesia, pulselessness, paralysis). Alert Medical Control early to prepare for definitive care (i.e. surgery) to relieve pressure.

REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Intermediate

SMO: Extremity Trauma

Overview: In a trauma event that involves the extremities, rapid transport, assessment and history to identify treatable occult causes must be accomplished

INFORMATION NEEDED
__ Patient complaint.
__ Pertinent past medical history.
__ Mechanism of injury.

OBJECTIVE FINDINGS
__ Physical signs of trauma (deformity, open wounds, swelling, shortening and / or rotation).
__ Assess severity of pain (scale 1-10)
__ Immobile extremity in place if joint involved
__ Assess for other associated injuries
__ Note range of motion, check PMS and color of extremity.

TREATMENT
__ Be prepared for rapid transport
__ Assess patient, scene safety
__ Ensure adequacy of airway. Use appropriate oxygen and airway adjuncts as needed.
__ Control external bleeding with direct pressure. Only use a tourniquet as a last resort to control bleeding.
__ Splint injured extremity as needed using appropriate splinting device. Include joint above and below injury when splinting.
__ Elevate and apply cold packs as indicated.
__ Cover open wounds with sterile dressings.
__ If amputation, recover amputated part and place in a dry, sterile dressing, place in a seal plastic bag & place on top of ice or cold pack. (see Amputated Parts Protocol)
__ Reassess pulses as needed
__ Establish IV in uninjured extremity if indicated.
__ Contact Medical Control for use of **Morphine Sulfate 2mg IVP.** Contact Medical Control for subsequent doses to a total of 10mg. Caution in use of patients with evidence of head injury or potential multi-system trauma, critical trauma, or abdominal injury—contact Medical Control for pain control guidance in these patients.
__ If patient exhibits sign of hypotension (SBP<90) fluid challenge of 500ml of NS. Reassess and repeat as indicated.
__ Transport as soon as possible.

Documentation of adherence to protocol:

__ Mechanism of injury
__ If deformity noted on exam, identify affected extremity appropriately immobilized and PMS results
__ Document re-positioning intervention and results
__ Oxygen and airway interventions
__ Focused Trauma exam documented
__ Patient discomfort on a 1-10 or visual analogue scale—document both pre-and post- intervention.
__ Document Morphine Sulfate administration

Medical Control Contact Criteria

__ Consult Medical Control for permission to administer initial Morphine and subsequent doses.

PRECAUTIONS AND COMMENTS

- Pad all splinted extremities and recheck neurological functions and circulation at least every 5 minutes.
- Be alert to signs and symptoms of compartment syndrome (pain, pallor, paresthesia, pulselessness, paralysis). Alert Medical Control early to prepare for definitive care (i.e. surgery) to relieve pressure.

REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Paramedic

SMO: Extremity Trauma

Overview: In a trauma event that involves the extremities, rapid transport, assessment and history to identify treatable occult causes must be accomplished

INFORMATION NEEDED
__ Patient complaint.
__ Pertinent past medical history.
__ Mechanism of injury.

OBJECTIVE FINDINGS
__ Physical signs of trauma (deformity, open wounds, swelling, shortening and / or rotation).
__ Assess severity of pain (scale 1-10)
__ Immobile extremity in place if joint involved
__ Assess for other associated injuries
__ Note range of motion, check PMS and color of extremity.

TREATMENT
__ Be prepared for rapid transport
__ Assess patient, scene safety
__ Ensure adequacy of airway. Use appropriate oxygen and airway adjuncts as needed.
__ Control external bleeding with direct pressure. Only use a tourniquet as a last resort to control bleeding.
__ Splint injured extremity as needed using appropriate splinting device. Include joint above and below injury when splinting.
__ Elevate and apply cold packs as indicated.
__ Cover open wounds with sterile dressings.
__ If amputation, recover amputated part and place in a dry, sterile dressing, place in a seal plastic bag & place on top of ice or cold pack. (see Amputated Parts Protocol)
__ Reassess pulses as needed
__ Establish IV in uninjured extremity if indicated.
__ If pain medication needed and SBP > 100 mmHg, **Morphine Sulfate 2 mg IVP** up to a maximum of 10 mg. Contact Medical Control for subsequent doses. Caution in use of patients with evidence of head injury or potential multi-system trauma, critical trauma, or abdominal injury—contact Medical Control for pain control guidance in these patients.
__ If patient exhibits sign of hypotension (SBP<90) fluid challenge of 500ml of NS. Reassess and repeat as indicated.
__ Transport as soon as possible.

Documentation of adherence to protocol:

__ Mechanism of injury
__ If deformity noted on exam, identify affected extremity appropriately immobilized and PMS results
__ Document re-positioning intervention and results
__ Oxygen and airway interventions
__ Focused Trauma exam documented
__ Patient discomfort on a 1-10 or visual analogue scale—document both pre-and post- intervention.
__ Document Morphine Sulfate administration

Medical Control Contact Criteria

__ Consult Medical Control for subsequent doses of Morphine.

PRECAUTIONS AND COMMENTS

- Pad all splinted extremities and recheck neurological functions and circulation at least every 5 minutes.
- Be alert to signs and symptoms of compartment syndrome (pain, pallor, paresthesia, pulselessness, paralysis). Alert Medical Control early to prepare for definitive care (i.e. surgery) to relieve pressure.