

Southern Illinois Regional EMS System

DD-6 TRAUMATIC AMPUTATION DEGLOVING INJURIES AMPUTATED PARTS

BLS/ILS/ALS

Amputation/Degloving Injuries:

- Patient Assessment and Initial care protocol
- Consider spinal immobilization
- Oxygen therapy as appropriate
 - 1-6 LPM by cannula: minimal distress.
 - 12-15 LPM by NRB mask: moderate/severe distress with signs of hypoxia.
 - 15 LPM by BVM: inadequate rate/effort, severe distress, unstable.
 - Maintain SpO₂ > 94%
- Control bleeding
 - Direct pressure
 - Pressure dressings
 - Tourniquet
 - Consider hemostatic agent if location won't allow tourniquet placement
- If amputation complete (i.e. total partial limb) and uncontrolled bleeding continues:
 - Apply tourniquet above amputation as close as possible to the injury.
 - Note time tourniquet applied.
 - Do not release tourniquet once it is applied unless ordered by Medical Control.
- If amputation incomplete:
 - Attempt to stabilize with splint and bulky dressing.
 - Do not complete amputation.
- (ILS/ALS) Initiate vascular access
 - Administer fluids in 200 mL increments to sustain SBP at 90 mm/Hg.
- Treat any additional injuries or conditions per appropriate protocol.
- Contact Medical Control

Care of Amputated Parts:

- Any gross contaminants on the amputated parts should be removed by rinsing the part in isotonic saline solutions (sterile normal saline).
 - No attempt should be made to debride or otherwise clean up the amputated part.
- Wrap in saline (0.9%) moistened dressing.
- The part should be placed in either a sterile plastic bag or rubber glove and tightly sealed to prevent direct contact with liquid substances.
 - Do not add saline to the inside of bag (do not immerse the part in water)
 - Do not place the part directly on ice.
- Place bag in iced water or saline.
 - Avoid overcooling or freezing of the amputated part.
- Partially severed amputations should be treated like an open fracture.
- Save any bony fragments from scene and treat as amputated part.
- Transport amputated parts or bone fragments with the patient if possible:
 - Do not delay patient transport to look for amputated part.
 - Another crew should be delegated to recover amputated parts or bone fragments and transport to the hospital ASAP.