

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic**

SMO: Amputated Parts

Overview: In an amputation, it is imperative that the amputated part is recovered and properly handled. This protocol will establish guidelines for the proper care and transport of the amputated part.

INFORMATION NEEDED

- Patient complaint.
- Pertinent past medical history.
- Mechanism of injury.
- Current medications

OBJECTIVE FINDINGS

- Physical signs of trauma
- Assess extremities for PMS. Immobilize all fractures. Control bleeding
- Assess for other associated injuries

TREATMENT

- Prepare for rapid transport
- Assess patient, scene safety.
- Control airway. Use appropriate oxygen and airway adjuncts as needed.
- Control external bleeding with direct pressure
- Perform focused trauma assessment
- Cover open wounds with sterile dressings.
- Recover all amputated or avulsed parts as possible.
- Place amputated part in dry, sterile dressings, place in a sealed plastic bag, and place on top of ice or on cold packs.
- Reassess airway frequently
- Transport as soon as possible, consider ALS intercept

Documentation of adherence to protocol:

- Mechanism of injury
- Oxygen and airway interventions
- Focused trauma exam documented

PRECAUTIONS AND COMMENTS

- Recheck airway and breathing and circulation frequently.
- Reassure patient

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Paramedic**

SMO: Amputated Parts

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TREATMENT

- Prepare for rapid transport
- Assess patient, scene safety.
- Control airway. Use appropriate oxygen and airway adjuncts as needed.
- Control external bleeding with direct pressure
- Perform focused trauma assessment
- Cover open wounds with sterile dressings.
- Recover all amputated or avulsed parts as possible.
- Place amputated part in dry, sterile dressings, place in a sealed plastic bag, and place on top of ice or on cold packs.
- Consider IV of normal saline if patient exhibit sign of hypotension (SBP < 90 mmHg) or in need of pain medication. Apply bolus of 500ml of NS 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.
- Reassess airway frequently
- Transport as soon as possible.

Documentation of adherence to protocol:

- Mechanism of injury
- Oxygen and airway interventions
- Focused trauma exam documented
- IV, Airway and / or medication administration. Re-assessment post intervention.

Medical Control Contact Criteria

___ Contact Medical control for subsequent doses of Morphine.

PRECAUTIONS AND COMMENTS

- Recheck airway and breathing and circulation frequently.
- Reassure patient