

**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 – 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**

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