|  |
| --- |
| **BLS Treatment** |
| * If crush injury, refer to Protocol 11.02 Crush Syndrome.
* Request Amputation Team (minimum 3 person procedure).
* Clear access to chest, head and as far distally on entrapped extremity as possible.
* Position of comfort.
* NPO.
* Assess circulation, airway, breathing, and responsiveness.
* **Oxygen** as indicated.
* Provide Spinal Motion Restriction as indicated or position of comfort as indicated.
* Appropriately splint suspected fractures/instability as indicated.
* Bandage wounds/control bleeding as indicated.

  |
| **ALS Treatment** |
| * IV or IO of **Normal Saline** TKO.
* For pain: may administer **Morphine Sulfate.**

**Treat for Crush Injury, as indicated.*** Expose extremity as much as possible. Assist amputation team during procedure, as needed.
* Transport amputated limb with patient to hospital following procedure.
 |
| **Comments** |
| * Be conservative and apply spinal motion restriction precautions if a suspicion of cervical spine injury exists and time permits. Do not delay life-saving patient care to perform interventions.
* Rapid transport of the post-amputation patient to a trauma center is critical.

Paramedic may assist with field amputation. Performing amputation/procedural sedation is not in the current paramedic scope of practice and sedation medications may only be administered by physicians or nurses in the field. **Amputation Team Guidelines (Physicians ONLY)*** Patient consent.
* Prep extremity.
* Establish proximal and distal control, if possible.
* Maintain clean, if not sterile, technique.
* Sedation: Preferred medication is **Midazolam.**
* Anesthesia: Preferred medications are **Ketamine** for prolonged procedure and **Methohexital** for short procedure.
* Provide pain control: Preferred medication is **Fentanyl.**
* Perform amputation using scalpel, cable saw and extremity tourniquet, as available.
* Accompany patient during transport to hospital.
 |
| * Equipment list for amputation: (should be kept in a “go bag” accessible for rapid transport with team) EQUIPMENT NEEDS: O.R. amputation pack with:
* Cable saw
* Scalpel with # 10 blade
* Scalpel with # 15 blade
* Pneumatic tourniquet
* Non-pneumatic tourniquet
* Gauze
* Kerlex
* Betadine and betadine applicators
* Needle driver
* Tissue forceps, long and short
* 4-0 Ethilon suture material on a curved needle
* Bone wax
* Coagulation dressing material
* **Fentanyl** 500 micrograms
* **Midazolam** 20 milligrams
* **Ketamine** 500 milligrams
* **Methohexital** 300 milligrams
* Syringes assorted sizes
* Needles assorted sizes

Training requirements of Amputation Team:* All personnel: Current licensure and credentialing at hospital of origin.
* Operator: General Surgeon or Orthopedist (with O.R. privileges).
* Assistant Operator: Anesthesiologist or Emergency Physician (with sedation privileges.
* Second Assistant: Operating Room or Emergency Department technician.
* Documentation of field amputation on prehospital Patient Care Record.
* Sentinel Event: 100% review by Trauma System Audit Committee and Hospital Process Improvement Committee.
 |
| **Base Hospital Contact Criteria** |
| * Team activation: Requested by scene commander; dispatched by request through Department of Emergency Communications to Base Hospital Physician. Base Physician contacts Trauma Center Medical Director for approval, then the team on-call as designated by participating physician group and provided to Base Hospital.
 |