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| **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. |