

SPLINTING

1. Level: EMT, AEMT, Paramedic, RN
2. Clinical Indications:
 - 2.1. Immobilization of an extremity for transport, either due to suspected fracture, sprain, or injury.
 - 2.2. Immobilization of an extremity for transport to secure medically necessary devices such as intravenous catheters
3. Procedure:
 - 3.1. Consider **PAIN MANAGEMENT Protocol** **prior** to splinting (Fentanyl IN).
 - 3.2. Assess and document pulses, sensation, and motor function prior to placement of the splint. If no pulses are present and a fracture is suspected, consider reduction of the fracture prior to placement of the splint.
 - 3.3. Remove all clothing from the extremity.
 - 3.4. Select a site to secure the splint both proximal and distal to the area of suspected injury, or the area where the medical device will be placed.
 - 3.5. Do not secure the splint directly over the injury or device.
 - 3.6. Place the splint and secure with Velcro, straps, or bandage material (e.g., kling, kerlix, cloth bandage, etc.) depending on the splint manufacturer and design.
 - 3.7. Document pulses, sensation, and motor function **after** placement of the splint. If there has been a deterioration in any of these 3 parameters, remove the splint and reassess
 - 3.8. If a femur fracture is suspected and there is no evidence of pelvic fracture or instability, the following procedure may be followed for placement of a traction splint:
 - 3.8.1. Assess neurovascular function as in 3.2 above.
 - 3.8.2. Adjust the thigh strap so that it lies anteriorly when secured.
 - 3.8.3. Estimate the proper length of the splint by placing it next to the injured limb. Fit the ankle pads to the ankle.
 - 3.8.4. Place the splint at the inner thigh, apply the thigh strap at the upper thigh, and secure snugly.
 - 3.8.5. Tighten the ankle harness just above the ankle bone. Snug the cable ring against the bottom of the foot.
 - 3.8.6. Extend the splint's inner shaft to apply traction. Stop when the injured leg is the same length as the uninjured leg or the patient feels relief.
 - 3.8.7. Secure the splint with elasticized cravats or other appropriate bandaging material.
 - 3.8.8. Reassess neurovascular function.
 - 3.8.9. Document the time, type of splint, and the pre and post assessment of pulse, sensation, and motor function in the electronic Patient Care Record (ePCR).