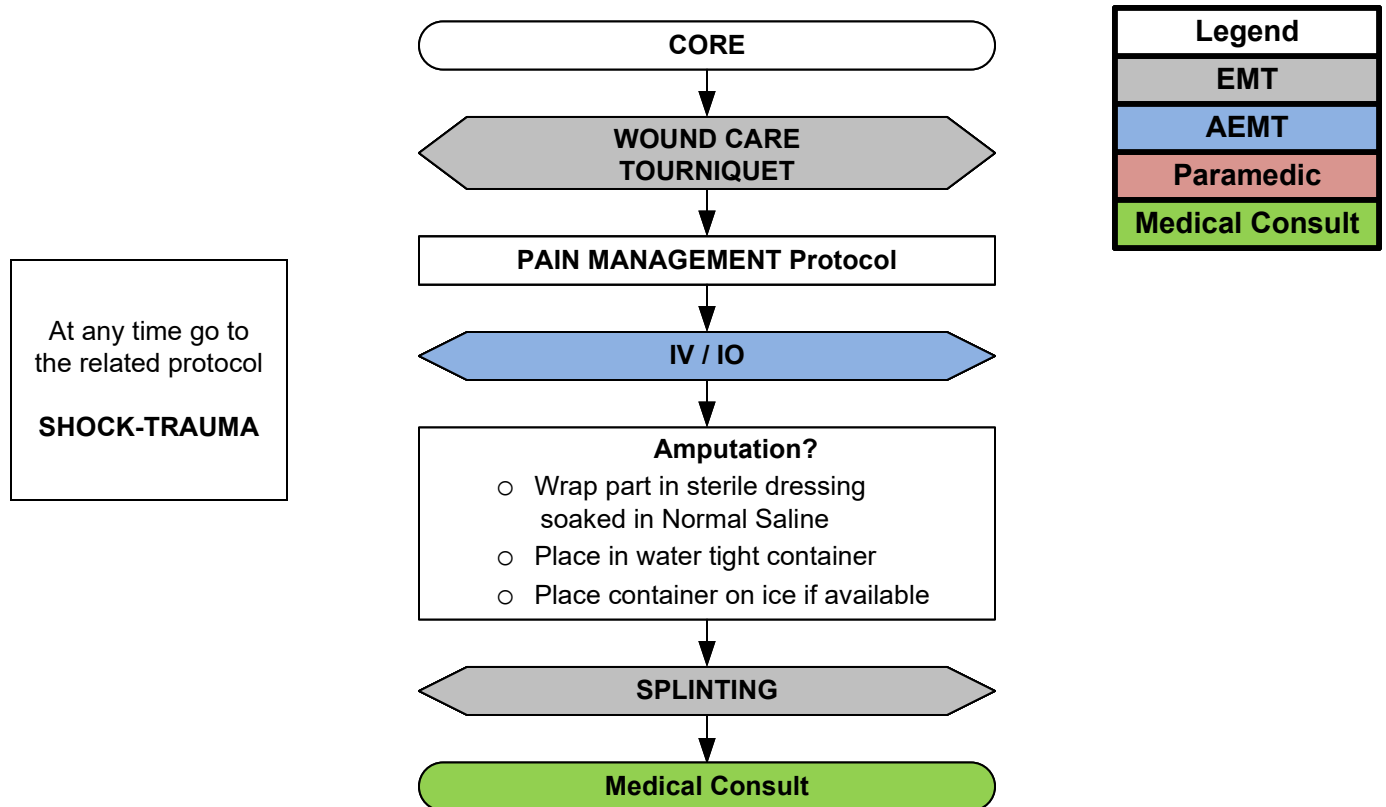


EXTREMITY TRAUMA

History: ○ Type of injury ○ Mechanism: crush / penetrating / amputation / blunt ○ Time of injury ○ Open vs. closed wound / fracture ○ Wound contamination ○ SAMPLE	Signs and Symptoms: ○ Pain, swelling ○ Deformity ○ Altered sensation / motor function ○ Diminished pulse / capillary refill ○ Decreased extremity temperature	Differential: ○ Abrasion ○ Contusion ○ Laceration ○ Sprain ○ Dislocation ○ Fracture ○ Amputation
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Pearls:

- IV fluid administration should be administered in 250 cc increments and should be limited to achieve and maintain a systolic blood pressure of 80 mmHg. Patients with a systolic blood pressure of < 80 mmHg with normal mental status do not require aggressive fluid administration. Pregnant patients are NOT candidates for permissive hypotension and the goal should be to keep these patients normotensive.
- Head injured patients may require more aggressive fluid resuscitation.
- If distal circulation is not present (no distal pulse, no capillary refill, cyanosis), make one attempt to reposition the fracture or dislocation in an effort to restore distal circulation.
- Urgently transport any injury with vascular compromise.
- Assess color, pulse, motor/sensory function before splinting, after splinting, and upon arrival at ED.
- In amputations, time is critical. Transport and notify medical control immediately, so that the appropriate destination can be determined.
- Hip dislocations and knee and elbow fracture / dislocations have a high incidence of vascular compromise.
- Blood loss may be concealed or not apparent with extremity injuries.
- Immobilize fracture or dislocated joints by securing the bones above and below the injured joint.
- Immobilize fracture or dislocated bone by securing the joints above and below the injured bone.
- The use of tourniquets is appropriate if bleeding is uncontrollable using direct pressure.