AMPUTATIONS

ALL PROVIDERS/EMT

- ❑ Focused history and physical exam
- ❑ Continuous ECG, ETCO2, and Pulse Oximetry monitoring when available
- ❑ **Treatment Plan**
  - Maintain airway, apply oxygen as needed to maintain SaO2 90-94%.
  - Unless this is an isolated injury, consider spinal motion restriction per the ***Selective Spinal Immobilization Guidance.***
  - Treat for pain and anxiety per the ***Pain and Anxiety Management Guideline***.
  - Monitor closely for signs of shock, especially in amputations above the wrist or ankle.

Amputated Body Parts and/or Tissue

- Apply direct pressure to control hemorrhage. A tourniquet is frequently required to control hemorrhage from amputation or near-amputation, when direct pressure is ineffective or impractical.
  - If amputation is incomplete, cover stump with sterile dressing saturated in NS, splint affected digit or limb in baseline physiologic position.
  - All retrievable tissue should be transported (do not delay transport by spending an excessive amount of time looking for an amputated part).
  - Rinse part(s) with NS.
  - Wrap tissue in sterile gauze moistened with NS.
  - Place tissue into plastic bag or container.
  - Place bag/container into separate container filled with ice (if available)
  - Do not allow tissue to come into direct contact with ice, do not freeze, and do not submerge in water.

- ❑ **Key Considerations**
  - Time to re-implantation for most limbs is critical.

ADULT	PEDIATRIC (<15 years of Age) NOTE: Pediatric weight based dosing should not exceed Adult dosing.
AEMT	**AEMT**
❑ Advanced airway, vascular access and fluid therapy per ***IV-IO Access and Fluid Therapy Guideline***	❑ Advanced airway, vascular access and fluid therapy per ***IV-IO Access and Fluid Therapy Guideline***
❑ ***Pain medication per Pain and Anxiety Management Guideline***	❑ ***Pain medication per Pain and Anxiety Management Guideline***
PARAMEDIC	**PARAMEDIC**