AMPUTATIONS / TOOTH AVULSIONS

UPDATED 1/2024

ALL PROVIDERS / EMT			
	Focused history and physical exam		
	Cardiac monitor, ETCO2, and pulse oximetry monitoring, when available		
	Treatment Plan		
	Maintain airway, apply oxygen as needed to m	aintain SpO2 90-94%.	
		l motion restriction per the <i>Spinal Motion Restriction</i>	
	Guideline.		
	• Treat for pain and anxiety per the Pain Manag	ement and Behavioral Emergencies Guideline.	
 Monitor closely for signs of shock, especially in amputations above the wrist or ankle. 		in amputations above the wrist or ankle.	
	Amputated Body Parts and/or Tissue	nputated Body Parts and/or Tissue	
	• Apply direct pressure to control hemorrhage. A tourniquet is frequently required to control hemorrhage		
	from amputation or near-amputation.	Mark the state of	
	 If amputation is incomplete, cover stump affected digit or limb in baseline physiolo 	with sterile dressing saturated in NS or LR, splint gic position.	
		sported with the patient, DO NOT delay transport for	
	appendage.		
	 Rinse part(s) with NS or LR. 		
	 Wrap tissue in sterile gauze moistened wi 	th NS or LR.	
	 Place tissue into plastic bag or container. 		
	 Place bag/container into separate container filled with ice (if available) 		
	O Do not allow tissue to come into direct contact with ice, do not freeze, and do not submerge in		
	water.		
	Tooth Avulsion		
	 If tooth is out over 30 minutes, broken, or cannot be re-implanted on scene. Handle tooth by chewing surface only (avoid touching the root). 		
	 Handle tooth by chewing surface only (avoid touching the root). Rinse with water. Do not scrub, dry, or wrap tooth in tissue or cloth. 		
		 Place tooth in container of (in order of preference) 	
Patient's saliva (place in patient's mouth, if patient awake and alert)			
	 Alternatively, it may be placed in a c 		
	* * *	attempt re-Implantation (only permanent teeth) on scene	
(primary or "baby" teeth should not be re-implanted).			
	 Do not try to re-implant if more than 2 teeth are involved. 		
	 The tooth must be cleanly avulsed with the entire root present. 		
	 Only re-implant if it is one of the front 6 upper or lower teeth. 		
	 Patient must be conscious and cooperative. 		
	 Gently insert tooth back into the appropriate location without forcing it. Do not worry about positioning well. 		
	☐ Key Considerations		
•	Consider transportation of extremity amputation patients directly to a trauma center.		
	ADULT	PEDIATRIC (<15 years of Age) NOTE: Pediatric weight based dosing should not exceed Adult dosing.	
AEMT			

☐ Advanced airway, vascular access and fluid

PARAMEDIC

therapy

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