



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
AMPUTATION INJURIES (ADULT/ADOLESCENT)

#: BH-T-15
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Date: 04/01/2017

BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
2. The following should be transported to the nearest Trauma Center with a Re-implantation Team as directed by Base Hospital for replant evaluation:
Cleanly cut amputations to:
 1. Thumb – proximal to or at the interphalangeal (IP) joint (joint below the thumb nail).
 2. Multiple fingers proximal to the mid-phalanx (middle bone of finger).
 3. Complete or partial hand.
 4. Upper extremity (wrist to shoulder).
 5. Penis.
3. The following types of injuries do not meet replant triage criteria and are transported to the nearest ERC:
 1. Amputations with crush injury that do not otherwise meet Trauma Triage Criteria.
 2. Amputations at multiple levels of same body part.
 3. Finger tip amputations.
 4. Single finger in the adult.
 5. Self-mutilation with prior self-mutilation attempts.
 6. Amputations greater than 6 hours old.
4. Amputations of the leg do not meet replant criteria, but per a Base Hospital, leg amputations may be directed to the nearest open Trauma Center.
5. For continued blood pressure < 90 systolic or signs of poor perfusion *continue Normal Saline as a wide open infusion to attain or maintain perfusion.*
6. For continued uncontrolled when BP >90 systolic:
 - ▶ May repeat or give Fentanyl 50 mcg IV/IM (or 100 mcg IN) or Morphine Sulfate 5 mg IV/IM, repeat once after 3 minutes for continued pain if systolic BP greater than 90. (maximum total dose of Fentanyl 200 mcg, Morphine 20 mg).

ALS STANDING ORDER

1. If avulsed tissue is still attached, return to normal position and secure with moist sterile saline dressing.
2. Control active bleeding with direct pressure to bleeding site.
3. For bleeding that cannot be controlled by direct pressure, apply hemostatic dressing and/or OCEMS approved tourniquet for hemorrhage control.
4. For blood pressure < 90 systolic or signs of poor perfusion:
 - ▶ *Establish IV/IO access and infuse 250 mL Normal Saline fluid bolus, continue Normal Saline as a wide open infusion to attain or maintain perfusion.*
5. Apply sterile saline moistened dressing to amputated area if hemostatic dressing not already used.
6. Splint extremity as needed.
7. Locate amputated part, rinse off and wrap in sterile saline moistened gauze and transport with patient.
8. Morphine sulfate or Fentanyl as needed for pain, if BP greater than 90 systolic:
 - ▶ *Morphine sulfate 5 mg (or 4 mg carpuject) IV/IM, may repeat once in 3 minutes to control pain.*
 - OR**
 - ▶ *Fentanyl 50 mcg IV/IM or Fentanyl 100 mcg IN, may repeat once in 3 minutes to control pain.*
9. For patients who meet criteria to transport for replant, make Base Hospital contact for receiving center determination.

Approved:

Review Dates: 11/16
Final Date for Implementation: 04/01/2017
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