

**SAGINAW VALLEY  
MEDICAL CONTROL AUTHORITY  
PRACTICE PARAMETER**

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**TRAUMA  
SOFT TISSUE AND ORTHOPEDIC INJURIES**

**I. Special Considerations**

- A. All trauma patients need priority assessment and treatment for life-threatening and other injuries per trauma protocol.
- B. Treat the **patient** not the **part**.
- C. Impaled objects are left in place. Removal of impaled objects is with approval of medical control.

**FIRST RESPONDER**

**I. Management**

- A. If appropriate, stabilize cervical spine and immobilize patient
- B. Evaluate and maintain airway, provide oxygenation and support ventilation as needed.
- C. Assess and maintain adequacy of neurovascular function before and after immobilization.
  - 1. Control all bleeding
    - a. Utilize direct pressure.
    - b. Use dressing and bandaging as needed.
    - c. Elevate and immobilize for additional control.
    - d. Utilize pressure points only if direct pressure fails to control hemorrhage.
    - e. The use of tourniquet should only be considered as an absolute last resort to control hemorrhage.
- D. Obtain and monitor vital signs(blood pressure, pulse and respiratory rate) for presence of hypotension(hypovolemia).
- E. Partial/Complete amputations and/or severe crush injuries
  - 1. Cover wounds with sterile gauze dressings moistened with normal saline.
  - 2. Align in anatomical position if indicated. Splint and elevate extremity.
  - 3. Wrap amputated part in sterile gauze dressing moistened with normal saline. Seal in plastic bag and, if available, place bag in container of ice and water. **DO NOT** place part directly on ice or dry ice.

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**BASIC LIFE SUPPORT**

- E. Arrange for ALS intercept.
- F. Transport toward ALS intercept, if transporting unit.
- G. Continuously monitor circulation, sensation, and motion distal to the injury during transport.

**NOTIFY RECEIVING FACILITY**

**ADVANCED LIFE SUPPORT**

- H. Monitor EKG
- I. IV NORMAL SALINE x2 if BP < 90 mmHg systolic
  - 1. Large bore catheter at least 18g
  - 2. Run wide open until BP is 90-100 mmHg systolic or 1500cc infused, then maintain flow at 100 cc per hour.
- J. Consider **MORPHINE SULFATE 2mg IV SLOWLY Q 3-5 MIN TITRATED TO PAIN UP TO 6 mg TOTAL (3 DOSES)**<sup>1 2</sup>

**CONTACT MEDICAL CONTROL**

- K. Possible orders post radio contact:
  - 1. Additional IV fluids
  - 2. Additional Morphine doses, 2mg IV SLOWLY Q 3-5 MIN, if pain persists and vital signs stable.

<sup>1</sup> Do not administer if patient is hypotensive or respirations are compromised.

<sup>2</sup> This is only to be used in isolated soft tissue and extremity trauma. If other than isolated extremity trauma, refer to appropriate practice parameter.

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