


Soft Tissue & Orthopedic Injuries

1. Follow **General Pre-hospital Care Protocol**.
2. Control bleeding.
 - A. Utilize direct pressure.
 - B. Consider early tourniquet use (refer to **Tourniquet Application Procedure**).
 - C. Consider FDA **and** MCA approved hemostatic agents and hemorrhage control devices.
 - D. Consider use of pressure dressings with deep wound packing.
 - E. Consider pelvic binding for suspected unstable pelvic fracture.
3. If appropriate, maintain spinal precautions for patient per **Spinal Injury Assessment Protocol**.
4. Assess pain on 1-10 scale.
5. Immobilize/splint orthopedic injuries as appropriate.
 - A. Special Considerations
 - i. Consider traction splinting for femur fractures (excluding hip/femoral neck).
 - ii. Straighten severely angulated fractures if distal extremity has signs of decreased perfusion.
 - iii. Evaluate and document neurovascular status before and after splinting.
 - iv. Dress open fractures.
6. Partial/complete amputations
 - A. Control bleeding as above.
 - B. Cover wounds with sterile dressings moistened with sterile solution.
 - C. Splint extremity.
 - D. Recoverable amputated parts should be brought to hospital as soon as possible.
 - E. Wrap amputated part in sterile dressing moistened with sterile solution. Seal in a plastic bag and, if available, place bag in container of ice and water. **DO NOT** place part directly on ice.
 - F. Frequent monitoring of circulation, sensation, and motion distal to the injury during transport.
7. For severe crush injuries, refer to **General Crush Injury Protocol**.
8. Impaled objects are left in place and stabilized. Removal of impaled objects is only with approval of medical control.
-  9. Follow local MCA transport protocol.
10. Provide pain management per **Pain Management Procedure**.
-  11. Consideration sedation per **Patient Sedation Procedure**.