

**CENTRAL CALIFORNIA**  
**EMERGENCY MEDICAL SERVICES**

A Division of the Fresno County Department of Public Health

Manual:	Emergency Medical Services Administrative Policies and Procedures	Policy Number: 510.22
Subject:	Basic Life Support (BLS) Protocols	Page: 1 of 3
	<b>ORTHOPEDIC TRAUMA</b>	
References:	California Administrative Code, Title 22, Division 9, Chapter 2	Effective: 11/15/83

I. TREATMENT

A. Hand (Wrist)

1. Splint
2. Assess distal circulation and neuro, before and after splinting.

B. Lower Arm (Radius/Ulna)

1. Splint adjacent joints.
2. Assess distal circulation and neuro, before and after splinting.

C. Elbow Dislocations

1. Splint in position.
2. Assess distal circulation and neuro, before and after splinting.

D. Upper Arm (Humerus)

1. Sling and swathe.
2. Assess distal circulation and neuro, before and after splinting.

E. Shoulder Fracture and Dislocations

1. Splint with sling and swathe in position of comfort.
2. Assess distal circulation and neuro, before and after splinting.

Approved By:		Revision:
EMS Division Manager	<b>Daniel J. Lynch</b> (Signature on File at EMS Agency)	<b>04/19/2005</b>
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- F. Clavicle
  - 1. Sling and swathe.
- G. Scapula
  - 1. Assess respiratory status.
  - 2. Sling and swathe.
- H. Ribs
  - 1. Assess respiratory status.
  - 2. Flail chest assessment (see Chest Trauma).
- I. Pelvis
  - 1. Place on spine board without manipulation of the pelvis.
  - 2. Do not roll patient.
  - 3. Treat for shock, if present.
  - 4. Splint legs together, padding under the knees for comfort.
- J. Femur
  - 1. Splint – Traction
  - 2. Assess distal circulation and neuro, before and after splinting.
  - 3. Treat for shock if present.
- K. Fibula-Tibia
  - 1. Splint adjacent joints. (Traction splint not recommended.)
  - 2. Assess distal circulation and neuro, before and after splinting.
  - 3. Treat for shock if present.
- L. Hip Fracture and Dislocation
  - 1. Stabilize in position of comfort with long backboard, pillows and triangular bandages.
  - 2. Assess distal circulation and neuro, before and after splinting.
  - 3. Treat for shock if present.
- M. Knee Dislocations
  - 1. Splint in position
  - 2. Assess distal circulation and neuro, before and after splinting.

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N. Foot Fracture (Ankle)

1. Splint with cardboard, wire or pillow splint.
2. Assess distal circulation and neuro, before and after splinting.

O. Jaw (Maxillo-Facial Trauma)

1. Maintain airway.
2. Suction as necessary.
3. Consider spine immobilization.
4. Position patient to maintain airway.
5. Collect avulsed teeth. Place in moist sterile gauze and plastic bag.

P. Traumatic Amputations.

1. Keep amputated parts dry in sterile gauze. Place in plastic bag, and place on ice to keep cold but not frozen.

II. SPECIAL CONSIDERATIONS

A. Assess distal circulation and neuro, before and after any treatment.

B. ABCs – Assessment and treatment.

C. Treat other life-threatening injuries as indicated (e.g. shock, chest trauma).

D. STAT transport if in shock, if other life-threatening injuries present, or if no distal pulses present.

E. Splinting

1. If angulated and unstable with no pulses, straighten gently then splint and STAT transport. Assess for pulse before and after positioning. Consider rendezvous with EMT-P unit if long transport time.
2. If angulated, stable and GOOD pulse, splint in position unless transport would be compromised.

F. Open fractures should be treated with moist sterile dressings and not reduced. The exception would be a traction splint to an open femur fracture to relieve pain. In this case, it is essential to notify hospital staff (as well as written documentation on the PCR) of the presence of an open fracture.