**FRACTURES/ DISLOCATIONS/ SOFT TISSUE INJURIES**

- General Trauma Assessment & Interventions.
- Oxygen as required to maintain SpO₂ >94%
- Initiate spinal precautions as indicated by Spinal Immobilization Procedure
- May consider application of ice pack to closed soft tissue injuries
- Apply sterile dressings to open fractures and control bleeding
- Splint as appropriate (in position found or position of comfort); monitor pulse, motor, and sensation distal to the injury before and after splinting.
- If pulse or sensation is absent distal to any long bone fracture: move toward anatomical position or alignment, without pulling any exposed bone back into the wound.
- Consider Pelvic wrap or sling for suspected pelvic fracture or dislocation. Secure patient to long backboard to minimize movement and blood loss.
- Consider application of traction splints to femoral shaft fractures

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**Initiate vascular access via peripheral IV line with isotonic solution (Lactated Ringers or NS) - Do Not Delay Transport To Establish Vascular Access**

- If unable to place peripheral IV may initiate pediatric IO placement
- **Fluids administration** to maintain systolic BP of 90mmHg to a maximum of 2 Liters.
- May consider pain management if indicated per pain management guideline

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- If unable to place peripheral IV may initiate adult IO placement

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- Consider Midazolam 2-5mg IV/IO/IN/IM for suspected dislocations, femur or hip fractures in addition to pain management.

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**Clinical Care Pearls**

- Dislocations of the patella should be immobilized in anatomical position.