

FRACTURES/ DISLOCATIONS/ SOFT TISSUE INJURIES

EMR	<ul style="list-style-type: none"> ❑ 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 	EMR
EMT		EMT
AEMT	<ul style="list-style-type: none"> ❑ 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 	AEMT
EMT-I	<ul style="list-style-type: none"> ❑ If unable to place peripheral IV may initiate adult IO placement 	EMT-I
PARAMEDIC	<ul style="list-style-type: none"> ❑ Consider Midazolam 2-5mg IV/IO/IN/IM for suspected dislocations, femur or hip fractures in addition to pain management. 	PARAMEDIC

Clinical Care Pearls

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