



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
AMPUTATION INJURIES – ADULT/ADOLESCENT

BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
2. The following **should be transported to the nearest Trauma Center with a Re-Implantation Team** as directed by Base Hospital for replant evaluation:

Cleanly cut amputations:
 1. Thumb – proximal to or at the interphalangeal (IP) joint (joint below the thumb nail)
 2. Multiple fingers proximal to the mid-phalanx (middle bone of finger).
 3. Complete or partial hand.
 4. Upper extremity (wrist to shoulder).
 5. Penis.
3. The following types of injuries **do not meet replant triage criteria** and are transported to the nearest ERC:
 1. Amputations with crush injury that do not otherwise meet Trauma Triage Criteria.
 2. Amputations at multiple levels of same body part.
 3. Fingertip amputations.
 4. Single finger in adult.
 5. Self-mutilation with prior self-mutilation attempts.
 6. Amputations greater than 6 hours old.
4. Amputations of the leg do not meet replant criteria, but per a Base Hospital, leg amputations may be directed to the nearest open Trauma Center.
5. *For continued blood pressure < 90 systolic or signs of poor perfusion, continue Normal Saline as a wide open infusion to maintain perfusion.*

ALS STANDING ORDER

1. If avulsed tissue is still attached, return to normal position and secure with moist sterile saline dressing.
2. Control active bleeding with direct pressure to bleeding site.
3. For bleeding that cannot be controlled by direct pressure, apply hemostatic dressing and/or California EMS Authority approved tourniquet for hemorrhage control.
4. For blood pressure < 90 systolic or signs of poor perfusion:
 - ▶ *Establish IV/IO access and infuse 250 mL Normal Saline fluid bolus, continue Normal Saline as a wide open infusion to attain or maintain perfusion.*
5. Apply sterile saline moistened dressing to amputated area if hemostatic dressing not already used.
6. Splint extremity as needed.
7. Locate amputated part, rinse off with sterile saline and wrap in sterile saline moistened gauze to transport with patient.
8. *Morphine sulfate or Fentanyl as needed for pain, if BP greater than 90 systolic:*
 - ▶ *Morphine sulfate 5 mg (or 4 mg carpuject) IV/IM, may repeat once in 3 minutes to control pain;*
OR,
Fentanyl 50 mcg IV/IM or Fentanyl 100 mcg IN, may repeat once in 3 minutes to control pain.
9. For patients who meet criteria to transport for replant (first bullet under Guidelines below), make Base Hospital contact for receiving center determination.

Approved:



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BASE GUIDELINES

ALS STANDING ORDER

TREATMENT GUIDELINES:

- The following should be transported to the nearest TC as directed by Base Hospital for replant evaluation:

Cleanly cut amputations to:

1. Thumb – proximal to or at the interphalangeal (IP) joint (joint below the thumb nail).
2. Multiple fingers proximal to the mid-phalanx (middle bone of finger).
3. Complete or partial hand.
4. Upper extremity (wrist to shoulder).
5. Penis.

- The following types of injuries do not meet replant triage criteria and are transported to the nearest ERC:

1. Amputations with crush injury that do not otherwise meet Trauma Triage Criteria.
2. Amputations at multiple levels of same body part.
3. Fingertip amputations.
4. Single finger in the adult.
5. Self-mutilation with prior self-mutilation attempts.
6. Amputations greater than 6 hours old.

- Amputations of the leg do not meet replant criteria, but per a Base Hospital, leg amputations may be directed to the nearest TC.

Approved:

Carl Schultz, MA.