



AMPUTATION INJURIES – PEDIATRIC

***** BASE HOSPITAL CONTACT REQUIRED *****

ALS STANDING ORDERS:

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 OCEMS approved tourniquet and tighten incrementally to least amount of pressure required to stop or limit bleeding.
4. If signs or symptoms of poor perfusion:
 - ▶ Establish IV/IO access
 - ▶ Infuse 20 mL/kg normal saline (maximum 250 mL) IV/IO bolus and make BH contact. May repeat same dose twice for total of three boluses as a standing order.
5. Apply approved hemostatic dressing or sterile saline moistened dressing to amputated area for uncontrolled bleeding.
6. Splint extremity as needed.
7. Locate amputated part, rise off loose debris and wrap in sterile saline moistened gauze and transport with patient.
8. For severe pain, systolic blood pressure > 80: **base contact required (CCERC base preferred) if ≤ 2 years of age**
 - ▶ Morphine sulfate: 0.1 mg/kg IV/IM (maximum single dose of 5 mg), may repeat once after 3 minutes for continued pain (do not exceed total combined administration of 10 mg).
 - OR,
 - ▶ Fentanyl 2 mcg/kg IN/IV/IM (maximum single dose of 50 mcg), may repeat once after 3 minutes for continued pain (do not exceed total combined administration of 100 mcg)
9. For any amputation in a child (excluding finger pad avulsions), make Base Hospital contact (CCERC base preferred) for receiving center determination.

Approved:

Carl Schultz, MD

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