

EMERGENCY MANAGEMENT OF AMPUTATIONS & SEVERE INJURIES TO THE UPPER EXTREMITIES

1 REASSURE: Reassure the patient that there is adequate time for assessment and treatment, but make no promises or statement concerning advisability or possibility of successful replantation or ultimate outcome.

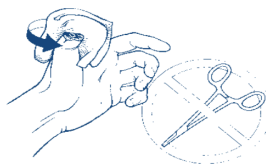
2 ARRANGE TRANSPORTATION: If the patient is more than 3 hours by ground from San Antonio, or if the amputation is at the wrist level or above, air transportation may be necessary after consultation with the hand surgeon on call.

3 TREAT FOR TETANUS: Treat for tetanus prophylaxis and administer first generation cephalosporin if the patient is not allergic.

AMPUTATION STUMP



Gently clean the amputation stump with saline soaked sponge.



Apply saline soaked gauze sponge to the stump. **Do not** clamp or tie bleeding vessels.

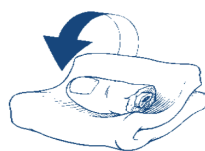


To control bleeding, elevate amputation stump and wrap with a compressive dressing.

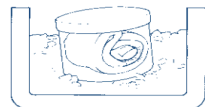
AMPUTATION PART



Gently remove loose debris with saline soaked sponge.

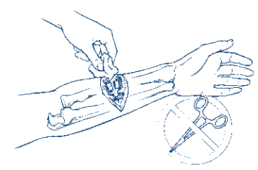


Place the amputated part in a saline soaked gauze sponge. With the part wrapped in gauze, place in a sterile container.

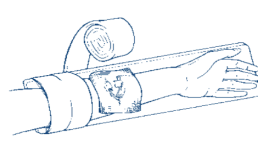


Place the sterile container in ice (not dry ice) for transportation. The amputated part should not be put directly in crushed ice, but only in container.

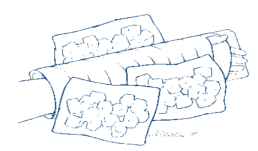
PARTIAL AMPUTATION



Gently clean with saline soaked gauze. Do not clamp or tie bleeding vessels.



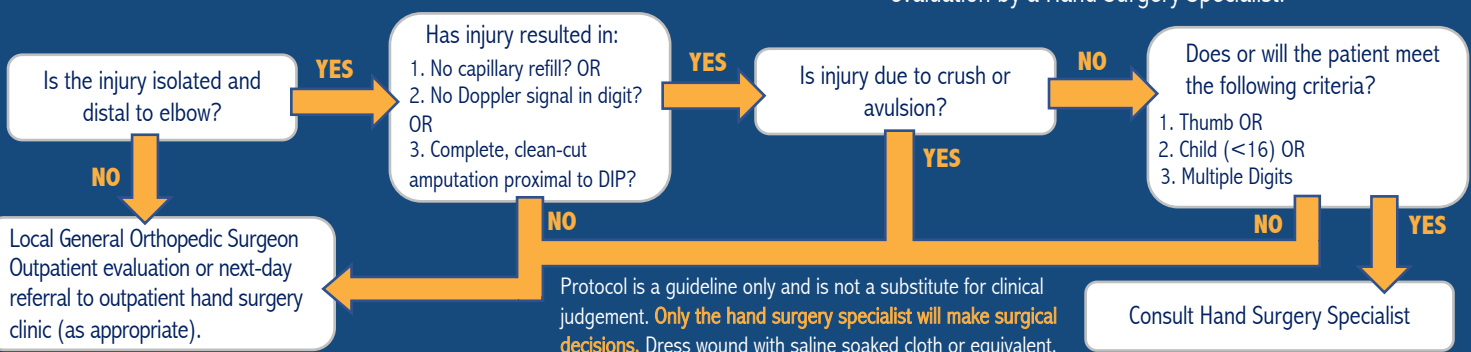
Support the injured extremity by splinting and wrapping with a compressive dressing.



If there is no circulation beyond the wound, pack ice around the injured extremity for transport.

ISOLATED HAND INJURY ALGORITHM

STRAC Guidelines for Significant Hand injury transfer and evaluation by a Hand Surgery Specialist.



MEDCOM
(210) 233-5815

The Hand Center
(210) 575-2368
(Methodist Patient Placement Center)

STRAC
Southwest Texas Regional Advisory Council

Local Hand Specialist

Name/Phone: