



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
AMPUTATION INJURIES (PEDIATRIC)

#: BH-P-25
Page: 1 of 1
Date: 04/01/13

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 PTRC 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.
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. Finger tip amputations.
 4. Single finger in the 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 PTRC.
5. For continued pain with systolic BP > 80 : give or repeat *Fentanyl 2 mcg/kg IV/IM/IN or Morphine sulfate: 0.1 mg/kg IV/ IM (maximum total dose Fentanyl 100 mcg, Morphine 5 mg).*

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 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 access.*
 - ▶ *infuse 20 mL/Kg Normal Saline bolus (maximum 250 mL), may repeat twice to maintain perfusion.*
5. Apply sterile saline moistened dressing to amputated area.
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:
 - ▶ *Morphine sulfate: 0.1 mg / kg IV (alternate route of IM may be used if formulation approved for IM use), may repeat once for continued pain (maximum 5 mg).*
 - OR**
 - ▶ *Fentanyl 2 mcg/kg IN/IV/IM, may repeat once after 3 minutes for continued pain (maximum dose 100 mcg).*
9. For any amputation in a child (excluding finger pad avulsions), make Base Hospital contact for receiving center determination.

Approved:

Base Hospital Tx Guide 2013:
Implementation Date: 04/01/2013
OCEMS copyright © 2013