

ORTHOPEDIC TRAUMA

I. PRIORITIES:

- A. ABC's assessed and treated
- B. Treat other life-threatening injuries as indicated (e.g. shock, chest trauma).
- C. Splinting
 - 1. If severely angulated and grossly unstable, may gently straighten. Check pulse before and after positioning.
- D. Open fractures should be treated with moist sterile dressings and not reduced.

II. TREATMENT:

- A. Hand (wrist)
 - 1. Splint
 - 2. Assess distal circulation and neurologic exam, before and after splinting.
- B. Lower arm
 - 1. Splint adjacent joints.
 - 2. Assess distal circulation and neurologic exam, before and after splinting.
- C. Elbow dislocations
 - 1. Splint in position.
 - 2. Assess distal circulation and neurologic exam, before and after splinting.
- D. Upper arm
 - 1. Sling and swathe.
 - 2. Assess distal circulation and neurologic exam, before and after splinting.
- E. Shoulder fracture and dislocations

1. Splint in position of comfort.
2. Assess distal circulation and neurologic exam, before and after splinting.

F. Clavicle

1. Sling and swathe.

G. Scapula

1. Sling.
2. Assess respiratory status.

H. Ribs

1. Assess respiratory status.
2. Flail chest assessment (see Chest Trauma).

I. Pelvis

1. Place on spine board.
2. Do not roll patient.
3. Treat for shock, if present.
4. Splint legs together, padding under the knees for comfort.

J. Femur

1. Splint - Traction, if closed mid-shaft femur fracture.
2. Assess distal circulation and neurologic exam, before and after splinting.
3. Treat for shock if present.

K. Fibula-Tibia

1. Splint and adjacent joints. (Traction splint not recommended.)
2. Assess distal circulation and neurologic exam, before and after splinting.
3. Treat for shock if present.

L. Hip fracture and dislocation.

1. Stabilize in position of comfort with long backboard, pillows and triangular bandages.
2. Assess distal circulation and neurologic exam, before and after splinting.
3. Treat for shock if present.

M. Knee dislocations

1. Splint in position.
2. Assess distal circulation and neurologic exam, before and after splinting.

N. Foot fracture

1. Splint with cardboard, wire or pillow splint.
2. Assess distal circulation and neurologic exam, before and after splinting.

O. Jaw (Maxilla-Facial Trauma)

1. Maintain airway.
2. Suction as necessary.
3. Consider spine immobilization.
4. Position patient to maintain an airway.
5. Collect avulsed teeth. Place in moist sterile gauze and plastic bag or save-a-tooth kit.

P. Traumatic amputations

1. Keep amputated parts dry in sterile gauze in a separate container or plastic bag. Place on ice to keep cold but not frozen.