

HEMS MCA
System Protocol
Urban Search and Rescue Medical Response Team
Prehospital Amputation

Date: 10/1/2024

Section: 12-12

USAR Medical Specialist Paramedic Only

Prehospital Amputation

Purpose: When there is an inability to extricate a patient or provider by any other means AND the incident is unstable and rapid extrication is paramount, then prehospital amputation can be considered with direct communication with USAR Team Physician. Consult with the incident commander on potential environmental threats to the rescue.

Indications:

1. The patient has an entrapped extremity, extrication will not occur rapidly, the patient is hypotensive and is non-responsive to initial IV fluids (**life before limb**).
2. The patient has an entrapped extremity; extrication will not occur rapidly, and the patient is in the situation where **further structural collapse or bodily injury is imminent** if they are not rapidly extricated.
3. That patient has an entrapped extremity, and in the best judgment of the IC, USAR Medical Director and Medical Specialist Paramedic that extrication is likely to take **too many hours or cannot be done successfully at all**.

Procedure:

1. Follow the **General Pre-Hospital Protocol**
2. Protect the airway, per **Airway Management Protocol**
3. Identify and treat life threats, per **General Trauma Protocol**.
4. Protect the c-spine, per **Spinal Precautions Protocol**
5. Provide psychological support, reassure, and calm the patient.
6. Administer high concentration oxygen, per **Oxygen Administration Protocol**.
7. Treat for shock based on appropriate shock protocol.
8. Establish IV or IO per **Vascular Access and IV Fluid Therapy Protocol**.
 - a. Established flow rate to maintain systolic blood pressure of 90 mm Hg.
 - b. If IV started, obtain blood sample per **USAR Blood Draw Protocol**.
9. Apply cardiac monitor and treat rhythm accordingly.
10. **CONTACT USAR Team Physician.**
11. **USAR Team Physician has to be on scene and doing the procedure with an assist from the FEMA Medical Specialist Paramedic.**
12. Once the decision has been made to perform a prehospital amputation, obtain verbal consent, if possible, from the patient undergoing the limb amputation.
 - a. All consents or attempts at consent will be documented.
13. Provide analgesia and sedation for the patient per **Patient Procedural Sedation Protocol**.
14. Medical Specialist Paramedic will use proper body substance isolation and protective gear.

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15. Place a tourniquet as far distally as possible but proximally to the site of the proposed amputation, per **Tourniquet Application Protocol**.
 - a. Apply the tourniquet till it is tight and be ready to increase pressure during or immediately after procedure.
 - b. Record the time and location of tourniquet placement
16. Apply sterile towels or blue chux pads around and under the amputation site
17. If you have continued tissue and vessel bleeding, place a second tourniquet just above or below the first tourniquet and tighten.
 - a. If bleeding continues, apply direct pressure over the site of bleeding.
 - b. If this is not possible or fails to control bleeding, consider applying Quick Clot coagulation powder.
18. Place dry sterile gauze over the end of the limb and cover with a pressure bandage.

Preservation of amputated limb.

1. Irrigate part with NS to remove dirt and debris.
2. Place sterile, saline soaked gauze over the end and secure in place with an Ace bandage.
3. Place the amputated limb in a clean bag.
4. Do NOT place the amputated limb on ice.
5. In case of a partial amputation, the limb will be dressed and splinted in alignment with the extremity.
6. The decision on whether an amputated limb can be reattached must be left to the surgical team at the hospital.
7. Initiate Rapid Transport, per **Adult Pediatric Trauma Triage Protocol**