

Amputation

- I. Perform initial assessment.
- II. Assure that the patient's airway is open and that breathing and circulation are adequate.

Caution:
**Manually stabilize the head and cervical spine if trauma
of the head and/or neck is suspected!**

- III. Place the patient in a position of comfort **only if doing so does not compromise stabilization of the head and cervical spine!**
- IV. Control the bleeding according to Bleeding (External) protocol sequences.
- V. Assess for hypoperfusion. **If hypoperfusion is present, refer immediately to the hypoperfusion protocol!**
- VI. Wrap the stump with moist sterile dressings.
- VII. Cover the dressed stump with a dry bandage.
- VIII. Preserve the amputated part as follows:
 - A. Moisten an appropriately sized sterile dressing with sterile saline solution.
 - B. Wrap the severed part in the moistened sterile dressing, preserving all amputated material.
 - C. Place the severed part in a water-tight container (i.e. sealed plastic bag).
 - D. Place the container on ice or cold packs (if available). **Do not freeze or use dry ice! Do not immerse the amputated part directly in water! Do not allow the amputated part to come in direct contact with ice!**
- XI. Immobilize the limb to prevent further injury.
- XII. Transport the amputated part with the patient.

Note:

Transportation of the patient should not be delayed to search for amputated parts! Leave word as to the patient's destination, and indicate how to preserve the amputated parts to the person in charge at the scene.

- XIII. Transport keeping the patient warm.
- XIV. Ongoing assessment. Obtain and record the patient's vital signs, repeat enroute as often as the situation indicates.
- XV. Record all patient care information, including the patient's medical history and all treatment provided, on a Prehospital Care Report (PCR).