



AMPUTATION INJURIES (PEDIATRIC)

ALS STANDING ORDERS:

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 approved hemostatic dressing or sterile saline moistened dressing to amputated area for uncontrolled bleeding.
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, systolic blood pressure > 80: **Base contact required if \leq 2 years of age**
 - ▶ *Morphine sulfate: 0.1 mg / kg IV/IM 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.
10. Contact Base Hospital for appropriate destination.

Approved:

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