



EMT-Basic Treatment Protocol 6106

Musculoskeletal Trauma

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Isolated musculoskeletal and extremity injuries are rarely a first priority. Pelvic injuries are high risk for serious internal bleeding. Total or partial amputations require special treatment procedures.

A. Perform **TAMP Protocol 6101**.

B. General treatment:

1. Treat all painful, swollen or deformed areas as fractures.
2. Determine patient priority status:
 - a. Stable patients - splint before transporting.
 - b. Unstable patients - immobilize completely on long spine board - load and go.
3. Evaluate injury site(s):
 - a. Visualize injured areas – remove clothing and jewelry.
 - b. Check motor, sensory and circulation (MSC) before and after immobilization.
 - c. Cover open wounds with dressings prior to immobilization.

4. In **consultation with Medical Command**, determine best mode of transport and most appropriate destination.



C. Pelvic injuries:

1. Splint with PASG or other circumferential device.
2. Immobilize on long backboard.
3. If signs of shock:
 - a. Treat per **Shock Protocol 6108**.



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- b. Request ALS backup or aeromedical evacuation – do not delay transport – meet en route.
 4. Transport – continue treatment en route.

5. **Contact Medical Command.**



D. Extremity injuries:

1. Support injury site:
 - a. Attempt to straighten severely angulated extremities by applying gentle, steady axial traction. **Stop if any resistance is met.**
 - b. Splint joint injuries, especially knee and elbow, in position found.
2. Apply splinting device as appropriate for the injury and situation.
3. Elevate extremity.
4. Apply cold pack to injury site.

5. **Contact Medical Command.**



6. Transport – continue treatment en route.
7. Consider ALS backup for management of severe pain from isolated extremity injuries.

E. Total amputation:

1. Dress remaining part of limb:



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- a. Wrap limb with sterile compress dressing – just tight enough to control bleeding.
 - b. Do not place clamps on arteries or veins.
 - c. If bleeding is excessive, apply tourniquet just proximal to the amputation.
2. Care for severed part:
- a. Wrap part in sterile gauze slightly dampened with sterile normal saline.
 - b. Place wrapped part in clean plastic bag or waterproof container.
 - c. Place water in container large enough to hold severed part.
 - d. Add just enough ice to keep the water cold during transport.
 - e. Immerse bag containing the severed part into the cold water.
- F. Partial amputations:
1. Dress injury with a sterile compress dressing tight enough to control bleeding.
 2. If bleeding is excessive, apply a tourniquet just proximal to the amputation.
 3. Splint injured area.
 4. Apply ice indirectly to injury site.
- G. Transport – provide other care per appropriate protocols:

1. **Contact Medical Command.**
2. Consider aeromedical evacuation **per Medical Command.**

