Bone and Joint Injuries (Adult and Pediatric)

CFR and All Provider Levels

1. Control external bleeding
2. ABCs and vital signs
3. Airway management and appropriate oxygen therapy
4. Assess for shock and treat as needed
5. Manually stabilize the injury
6. Cover protruding bones and wounds with dry sterile dressings
7. Assess for peripheral pulses, motor function, and sensation to the injured extremity
8. Apply cold pack(s) to closed injury sites

CFR STOP

EMT

9. Immobilize the extremity injury:
    - 9.1 Assess for peripheral pulses, motor function, and sensation to the injured extremity before and after immobilization
    - 9.2 Align the extremity by applying gentle manual traction prior to splinting if the distal extremity has ANY of the following conditions: cyanotic, pulseless or if the long bone is severely deformed. If there is increased pain or resistance, stop and splint extremity in its original position
    - 9.3 Immobilize an injured joint in its position of function. If unable to move the joint due to increased pain or resistance, splint the joint in its original position
    - 9.4 Elevate the extremity
10. For isolated, closed mid-thigh fractures, apply a traction splint as indicated
11. Stabilize potentially unstable pelvic fractures
12. Transport

EMT STOP

Paramedic

Paramedic STOP

Medical Control Options

EMT and Paramedic

13. For reduction of a clinically obvious, isolated medial or lateral patella dislocation:
    - Gradually extend the knee while a second provider simultaneously applies pressure on the patella towards the midline of the knee
    - Immobilize the lower extremity when the leg is fully extended
    - If there is increased pain or resistance, splint the joint in its original position
    - If a patella dislocation is uncertain or if the patient's body habitus prevents accurate assessment, immobilize the joint in its original position

Key Points / Considerations

- Splinting should not delay transport of the critical or unstable patient
- Depending on the traction splint device used, evaluate for any suspected injuries to the pelvis, knee, lower leg, or ankle on the same side of the injury prior to use
- Do not attempt to reduce intra-articular or superior patella dislocations