

Open Wound / Fracture / Dislocation

Routine Trauma Care

Evaluate mechanism of injury

- Consider polytrauma – complete primary survey first!
- Consider spinal motion restriction – this is likely a distracting injury

This protocol is intended for use on **stable** patients with an isolated fracture or dislocation

Locate, expose and provide manual stabilization of injury

Control bleeding and assess distal perfusion

- Are distal pulses present?
- Is there capillary refill?
- Is extremity cyanotic (cold & blue)?

Consider, recognize, and treat hemorrhagic shock – especially if pelvis/femur fractures are present

Do not reintroduce exposed bone (i.e. open fractures) back into the skin unless distal circulation is absent

Consider Cefepime 2000 mg IV X1 for open wounds**DO NOT administer if patient has allergy to Penicillin- PCN- Cephalexin- Keflex***

Clean, bandage, and dress any open wound using an aseptic technique

Treat pain

- Follow **Traumatic Pain Management** protocol
- Consider applying cold packs to fracture locations

- Immobilize pelvis fractures using sheet wrap/papoose method or pelvic binder

- Immobilize Hip fracture/dislocations using sheet wrap/papoose method

pelvic binders are not intended for hip or femur fractures

- Immobilize femur fractures with long leg splints (i.e. traction device)

Immobilize **bones** by splinting the joints above and below

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If distal circulation is absent:

- **Reposition/Reduce the fracture/dislocation ONCE** to attempt to restore circulation
- Repositioning should attempt to achieve normal anatomic position

Immobilize/splint fracture/dislocation

Reassess and record distal circulation after immobilization