



# Amputated Extremity

**Austin County**  
EMS Protocol & Guideline

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Amputation is the removal of an appendage of the body, usually a limb. An amputation can be complete or partial, and is a life changing injury. With the advances of modern medicine, it is possible to reattach or “save” a severed body part, if the body part cannot be saved, the skin can be used as a skin graft for the remaining limb. However, this is a time sensitive event, and will require hours of detailed surgical intervention. These patients require a Level 1 or 2 trauma center.

## EMT

- Airway/Oxygen appropriate for condition
- General trauma guideline
- Wrap body part or tissue in sterile gauze moistened with sterile saline.
- Place in to a plastic bag or container.
- Place bag or container into another container filled with ice water.
- Do not allow body part or tissue to contact ice directly
- All tissues or body parts must be transported with the patient to the hospital.
- Do not delay transport of patient for prolonged extrication of body parts or tissue. Transport separately if needed.
- Tourniquet and/or Quick Clot if needed

## AEMT

- Establish IV of Normal Saline – Bilateral large bore IV’s are preferred
- **Tranexamic Acid (TXA)** IV Infusion - 1 Gram over 10 minutes

## Paramedic

- **Ketamine** 0.1-0.25 mg/kg IV/IO **OR** 0.5 -1 mg/kg IM: may repeat every 10 minutes as needed

### PEARLS

- Cooling may increase the prospect of successful reimplantation, because it decreases the metabolic rate and inhibits bacterial growth.
- Immediate cooling as outlined above can extend the Ischemic period to 24 hours in some patients.
- With partial amputations, the injured appendage should be splinted in position of function.
- A tourniquet should be considered as a last resort; however the use of tourniquets is becoming a popular treatment choice for these patients.

An amputation is a compressible bleed, and can be difficult to control due to the manner in which the arteries and vessels are severed