Generalized Splinting

Procedure

Douglas County KS EMS System

March 2022

Approved Provider: EMR, EMT, AEMT, Paramedic

Reference Protocols: General Trauma

Indications

Extremity dislocation or fracture

Contraindications

 Do not delay treatment of critical patient to apply splint. Use backboard/ Scoop stretcher and rapidly transport

Precautions

- Check PMS before and after splint application to ensure status of the limb
- Splint angulated fractures in position found unless extremity is pulseless

Procedure Foam Splints (for isolated mid shaft femur FX refer to sager splint)

- Manually stabilize injury
- Check PMS
- Select appropriate sized and shaped foam splint
- Do not trim splint because they are a reusable item
- Apply while continuing to manually stabilize injury
- Secure Velcro straps from proximal to distal
- Release manual stabilization
- Reassess PMS

Procedure Sam Splints (Fig. 1)

Sam splints are optimal for hand, Wrist, Forearm, foot, ankle and lower leg injury stabilization

- Manually stabilize injury
- Check PMS
- Measure, trim and shape Sam splint as appropriate for injury
- Apply while continuing to manually stabilize injury
- Secure in place with appropriate amount of Coban, Kerlex or tape
- Release manual stabilization
- Reassess PMS

Procedure Sling and Swath (Fig. 2 & 3)

- Manually stabilize injury
- Check PMS
- Make knot in top of triangle
- Place elbow in pocket created by knot and extend cloth to cover whole forearm.
- Connect ends of triangle at the back of the patient's neck and tie together.
- Wrap affected limb and torso with another triangular bandage or kerlex and secure affected limb to torso
- Release manual stabilization
- Reassess PMS

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Complications

• Tissue/ nerve damage due to pulseless extremity

Documentation

- Indications for procedure
- Description of procedure
- Response to procedure

Notes

Always stabilize 1 joint/bone above and below injury

Fig. 1

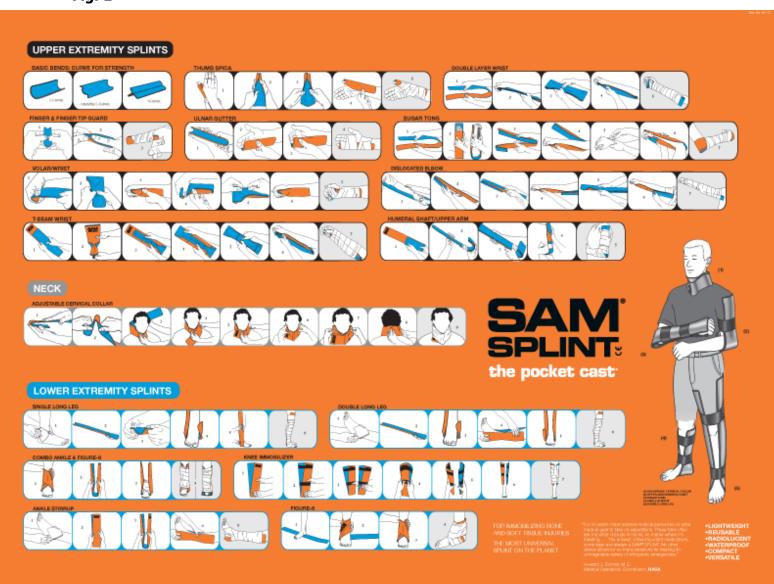


Fig. 2





Fig. 3



