Sager Splint

Procedure

Douglas County KS EMS System **March 2022**

Approved Provider: EMT, AEMT, Paramedic

Reference Protocols: General Trauma

Indications

- Mid-shaft and distal femur fractures. Proximal tibia/fibula fractures

Contraindications

- Hip, Pelvic and/or knee, fractures or dislocations

Precautions

- Ensure male anatomy is clear before application of tension
- Notify receiving facility that the sager splint is being utilized.
- Refer to Generalized splinting procedure for other needs

Side Effects

- Possible neurovascular injury common to any straightening of fractures

Step 1: Apply manual stabilization to the injured leg and assess motor, sensory and distal circulation.

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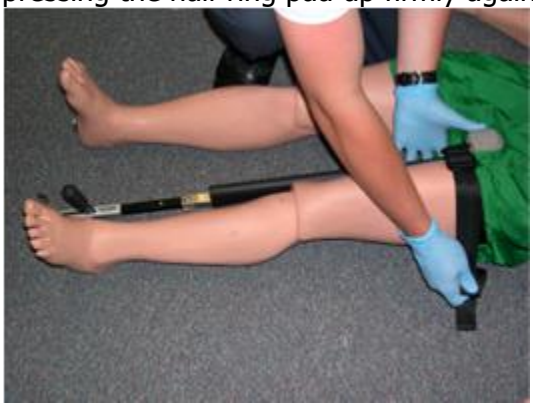
Step 2: Properly measure the splint to the unaffected leg, lengthening it approximately to the heel of the unaffected leg.

Step 3: Place the splint at the inner thigh, apply the ischial strap underneath the patient's leg, pressing the half ring pad up firmly against the ischial tuberosity.



Step 4: Secure the ishial strap snugly

Step 5: Secure the ankle hitch

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Step 6: Apply mechanical traction until pain is relieved or 10% of body weight is achieved. Maximum traction applied should not exceed 15 pounds.

Step 7: Apply Velcro support straps

Step 8: Reassess motor, sensory and distal circulation

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Step 9: Apply figure 8 strap. Secure the patient to a long board and assess motor, sensory and distal circulation

Note: The sager splint may be used for immobilization of bilateral fractures. In this situation both ankle hitches must be utilized and the maximum traction applied should not exceed 30 pounds.