

Trauma: Amputated Body Part

Goals: To minimize blood loss, reduce the risk of hemorrhagic shock and enhance the chance of salvage of the amputated body part

Inclusion Criteria: Patients of all ages with traumatic amputation of one or more body parts, including the distal phalanx of fingers or toes

Exclusion Criteria: No specific exclusions

Refer to: [Hemorrhage Control/Tourniquet](#), [Pain Management](#), [Shock](#) and [Trauma CPGs](#); [Destination Policy](#)

Observe Body Substance Isolation Precautions and employ appropriate PPE

Basic Level

1. Assess and support ABCs according to [UNIVERSAL CARE – ADULT](#) or [UNIVERSAL CARE – PEDIATRIC](#) and according to the [Trauma CPG](#), as clinically indicated:
 - a. A and B (Airway and Breathing): Assess and support, as needed
 - b. C (Circulation): If signs and symptoms of shock, minimize scene time and continue treatment en route
 - c. D (Disability): Assess and document GCS; and assess pupillary size and reactivity
 - i. At least two sets of measurements, 5 to 10 minutes apart, is the absolute minimum
 - ii. Reassess and document every 5 to 10 minutes in patients with significant injury or instability
 - d. E (Exposure/Environmental): Assess for other injuries and take measures to prevent heat loss
2. Positioning:
 - a. Initiate Spinal Motion Restriction, if indicated, per [Spinal Motion Restriction Policy](#)
 - b. If spinal injury is not suspected, place the patient in a position of comfort
 - c. If there is evidence of shock, treat the patient according to the [Shock CPG](#)
3. Administer supplemental oxygen, as needed, to maintain SpO₂ of at least 94% with continuous monitoring
4. Hemorrhage Control – Extremity (refer to [Hemorrhage Control/Tourniquet CPG](#)):
 - a. Direct wound pressure is unlikely to fully control stump bleeding above the wrist or ankle
 - b. Apply an EMS agency-approved medical tourniquet to the proximal stump, per the CPG
 - i. Endpoints: Cessation of hemorrhage and (in the case of partial amputation) loss of distal pulse
 - ii. Moist sterile dressings may be applied to the stump, but avoid bulky dressings that may conceal ongoing or renewed bleeding
 - iii. IMPORTANT: Document the time of tourniquet application in the ePCR
 - iv. Manage improvised tourniquets applied by bystanders/non-medical personnel per the CPG
5. Hemorrhage Control – Other Body Part (refer to [Hemorrhage Control/Tourniquet CPG](#)):
 - a. Control obvious external hemorrhage with direct pressure and sterile gauze/dressing materials
6. Care of the Amputated Part:
 - a. Remove gross contaminants by rinsing with Normal Saline
 - b. Wrap in Normal Saline-moistened (but not soaking wet) sterile gauze
 - c. Place in a watertight plastic bag or container (if available)
 - d. Seal the bag or container tightly and place in a larger container or cooler of ice water, if available
 - e. Do NOT allow the amputated part to freeze or to become soaked in water or Normal Saline
 - f. Bring all amputated parts to the hospital, regardless of the patient's overall condition
 - i. If the amputated part cannot be immediately located, transport the patient and instruct other field providers to search for and transport the part as soon as possible
7. Once advanced level care arrives on scene, give report and transfer care

Advanced Level

8. Consider establishing IV/IO access at a TKO rate or with a saline lock and treat shock per [Shock CPG](#)
9. Initiate continuous ECG and PetCO₂ monitoring if shock is present, anticipated or develops
10. Administer parenteral analgesia according to the [Pain Management CPG](#)
11. Initiate transport as soon as possible to an appropriate hospital ED, per the [Destination Policy](#)
12. For additional patient care considerations not covered under standing orders, consult BioTel