FIELD AMPUTATION

PARAMEDIC

Although rare, a field amputation may need to be considered in the following situations:

- A life-threatening injury PLUS the need for amputation/extrication OR a non life-threatening injury BUT the need for amputation/extrication.

Guidance from medical control from the closest trauma facility or facility that may have mobile resources should be initiated; however, if there would be a significant delay in resources or guidance, the procedure should be performed. The final decision to perform a field amputation should include consultation with on- scene resources, medical control, and the trauma service for the receiving hospital.

Contact with the receiving facility should be maintained with frequent updates until the patient arrives at the emergency room.

Prepare all necessary emergency equipment for the procedure and any equipment, such as intubation and other advanced airway equipment, in the event of complications.

1. **Ketamine IV** (adults/peds) 1mg/kg (May repeat in 5-10 mins)

   Ketamine IM adults 5mg/kg and peds 5mg/kg (May repeat in 12-25mins)

   OR

   Midazolam (Versed) Up to 5 mg IV, IO, IN, or IM may repeat to a total dose of 10 mg.

2. Apply a tourniquet above the site to assist in controlling bleeding during the amputation.

3. Prepare and drape the site using betadine and sterile burn dressings keeping in mind visualization of the incision site.

4. Using a scalpel, cut circumferentially around the limb until contact is made with the bone.

5. Using a Gigli saw, saw though the bone freeing the patient. If Gigli saw is unavailable or patient is inaccessible, use another appropriate device at scene.

6. Dress the wound and leave the tourniquet in place.

7. If the amputated part cannot be transported with the patient, instructions need to be given to the resources remaining on scene for disposition of the part.