

Shock Trauma Go-Team Standard Operating Procedure Prehospital Amputation

Last update: 29 JAN 2020



- Indications:**
- ▶ Need for rapid/emergent removal of the patient from their environment due to life-threatening factors that are either situational or patient-centered/medical in nature **AND** entrapment of a limb that would be amenable to field amputation otherwise preventing the emergent removal of the patient from their environment.

- Contraindications:**
- ▶ Entrapment of a limb at a proximal location so as to not allow proper placement of a tourniquet to control bleeding.
 - ▶ Environmental or situational consideration as to make the procedure unsafe for the provider.

PROCEDURE STEPS

1. Use eye protection, gloves, gown, mask
2. Remove clothing
3. Apply **TWO** tourniquets to **GROIN** or **AXILLA** on the affected limb
4. Tighten **ONE** tourniquet until bleeding stops and note time
5. Apply sterile towels and apply chlorhexidine or betadine (if possible)
6. Incise **CIRCUMFERENTIALLY** with a scalpel, extend incision as far as possible
7. Retract soft tissue as necessary to rapidly expose bone
8. Using the bone saw or Gigli saw, cut the bone
9. Cut the remaining tissue with scalpel or scissors
10. If necessary to stop bleeding, apply direct pressure and tighten second tourniquet
11. If still bleeding, attempt to selectively clamp vessels & consider hemostatic dressings
12. Apply ACE bandage

If the amputated limb can be recovered, dress with saline-soaked sterile gauze and transport with patient in a clean plastic bag