

SUGGESTED INITIAL MANAGEMENT OF TRAUMATIC AMPUTATIONS © THE BUNCKE CLINIC

1. THE EMERGENCY PATIENT



Check general condition of patient; ask about any other injuries.

Start large bore IV line in unaffected limb and keep open with normal saline.

Administer cefazolin (Ancef or Kefzol) 1 gram, if not allergic.

Administer tetanus toxoid 0.5 cc IM if no inoculation within last 5 years.

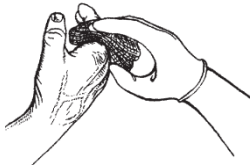
DO NOT inject digital blocks.

To facilitate later anesthesia, **GIVE NOTHING BY MOUTH** and counsel patient to remain NPO if they wish to have surgery.

Give 10 grain aspirin rectal suppository if not contraindicated (for circulation, not analgesia).

X-ray extremity and amputated parts. Obtain baseline CBC and Chem 7 on all patients, and EKG on patients older than 35 years.

2. THE INJURED EXTREMITY



To guard against maceration, apply dry sterile sponges to the wound and cover with bulky sterile dressing.

Splint the injured part.

Elevate the extremity.

3. THE AMPUTATED PART



Wrap amputated part in DRY gauze and then place in Zip-Lock bag (do not use urine specimen or other containers, as they frequently leak).

Place bag on ice. **DO NOT** use dry ice. **DO NOT** bury bag in ice. **DO NOT** wet amputated part.

PARTIAL AMPUTATION:

Apply dry sterile sponges to wound and cover with bulky sterile dressing.

Splint the injured part and elevate the extremity.

4. TRANSPORTATION



Emergency transportation arrangements should be made immediately for transfer either by helicopter or by ambulance.

Please transport the patient supine.

Instruct the patient to remain NPO for surgery.

Do not allow patient to smoke or use tobacco products during transfer.

Send x-rays, lab results and all ER records with patient (do not delay transfer for labs; they can be faxed later or repeated as necessary).



THE BUNCKE CLINIC
24 HR EMERGENCY MICROSURGICAL REPLANTATION

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