



Clinical Practice Guidelines: Trauma/Limb injury

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Date	April, 2016
Purpose	To ensure a consistent appproach to the management of a patient with a limb injury.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
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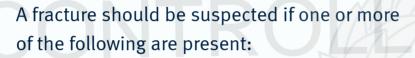
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Limb injuries can be very painful and visually distressing for a patient. As such, **they can distract the patient and the clinician from more serious injuries in a multitrauma situation.** Gaining a good history of the event to assess the mechanism of injury, and completing a thorough primary and secondary survey are always essential.

Clinical features



- Pain
- Swelling
- Bruising
- Loss of function
- Deformity
- Bony crepitus

Where communication is difficult (e.g. young children or dementia patients) the reluctance to move a limb may be the only sign of a fracture.

NOTE: soft tissue injuries can include all but the latter two presentations.

Suspect neurovascular damage if there is poor distal perfusion, or reduced distal sensation or movement.

Risk assessment

- Appropriate analgesia is very important.
- Procedural sedation (ketamine) may be required when managing complicated injuries (e.g. grossly displaced open fractures with compromised vascular supply).
- Limb immobilisation should generally be in near-anatomical position.

WHEN PRINTEL



