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Date	January, 2019
Purpose	To ensure a consistent procedural approach to orthopaedic splinting – SAM® SPLINT.
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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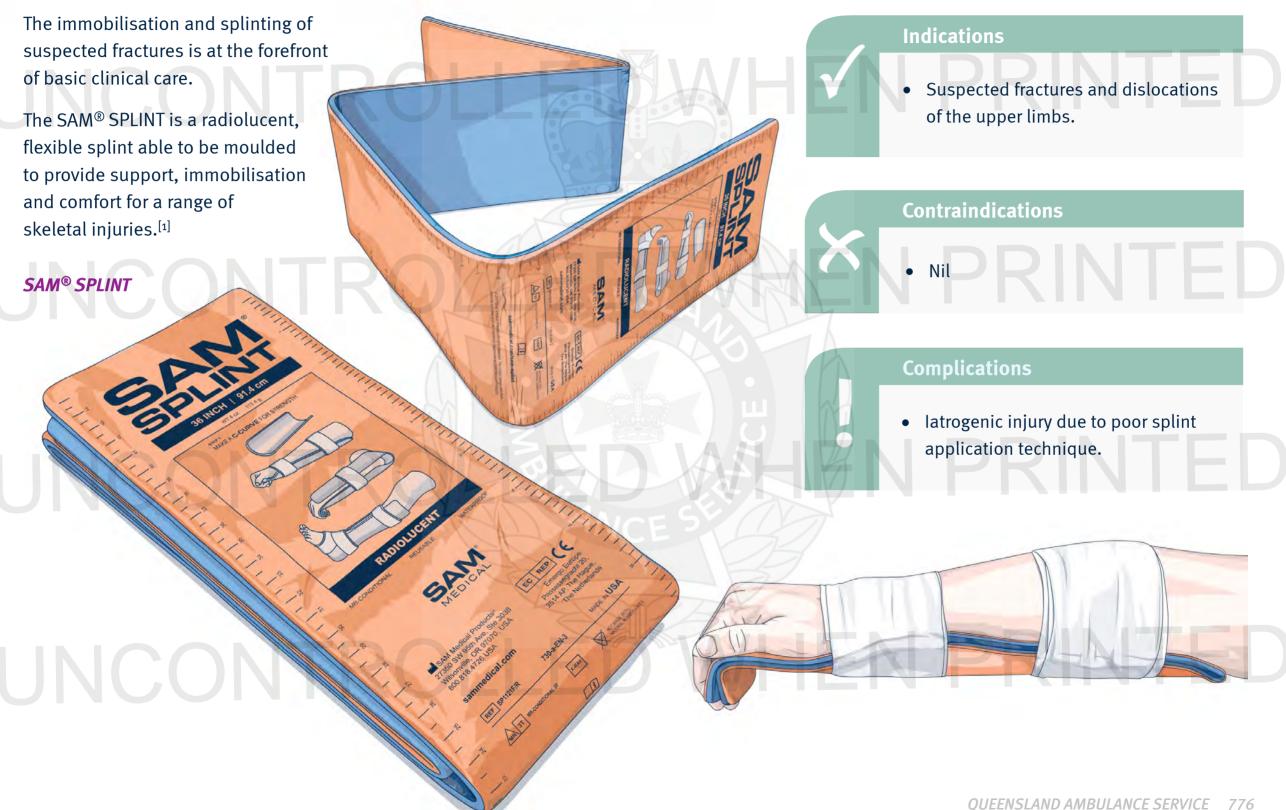
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Orthopaedic splinting – SAM® SPLINT

January, 2019



Procedure - Orthopaedic splinting - SAM® SPLINT

- 1. Expose the affected limb.
- 2. Assess the limb for distal perfusion and if necessary reduce and/or realign the limb with care to achieve distal perfusion.
- Irrigate and dress open fractures as required.
- Size and mould the SAM® SPLINT to ensure optimal strength and support.



- If necessary, the splint may be cut to size using scissors or trauma shears.
- 6. Gently place the affected limb on the SAM® SPLINT.
- 7. Secure the splint with the use of conforming bandages leaving extremities/pulse points exposed if possible.



8. Check distal circulation immediately after applying

Additional information

- Placing a pulse oximeter on an extremity of the affected limb may assist with monitoring the degree of limb perfusion.
- At times, it may be appropriate to reduce and realign fractures prior to splinting, but this must be done with care so as not to open a closed fracture.
- The SAM® SPLINT two layers of closed-cell foam and its aluminium interior can be cut with ordinary scissors to adapt to any size requirement. Following resizing, ensure that all sharp edges are covered with tape to prevent further injury.
- In the event of an Multi Casualty Incident (MCI) officers are encouraged to use the SAM® SPLINT in preference to vacuum splints when clinically appropriate.