



Clinical Practice Procedures: Trauma/Bandaging – Simple bandaging and

Policy code	CPP_TR_BSBS_0416
Date	April, 2016
Purpose	To ensure a consistent procedural approach for bandaging – simple bandaging and slings.
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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The strategic use of bandages and slings can significantly improve patient pain, bleeding and even acutely reduce joints or bone deformity.

Indications

- Wound cover and limb support

Contraindications

- Nil in this setting

Complications

- Compromised perfusion due to restricted circulation

Procedure – Simple spiral roller bandaging

Simple spiral roller bandaging

- With roll uppermost, anchor bandage with two rotations around the limb, then continue rotations on a slight angle until affected area is suitably covered.

Roll
uppermost

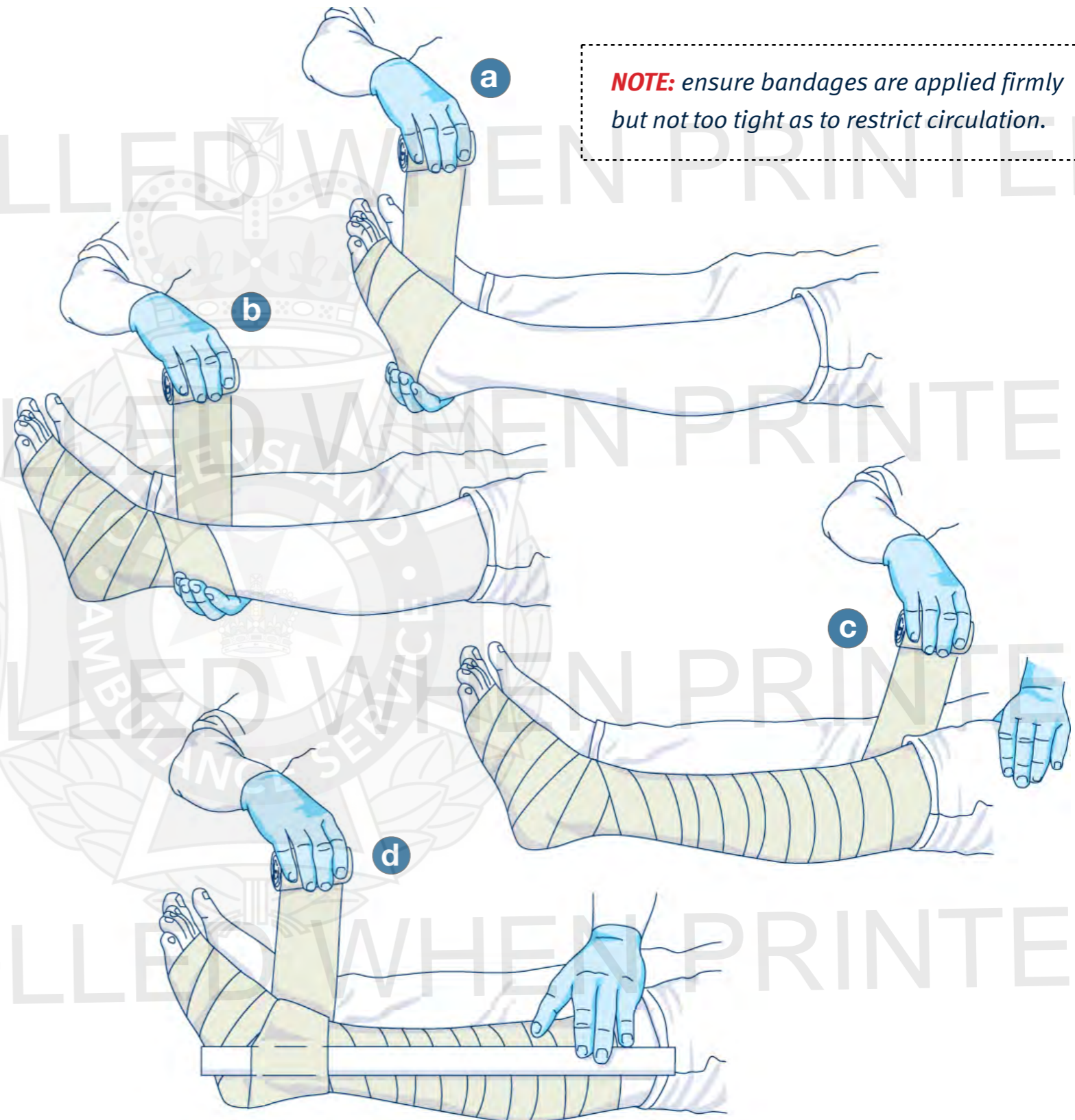
2 rotations
to anchor

Continue rotations
on a slight angle

Pressure immobilisation technique

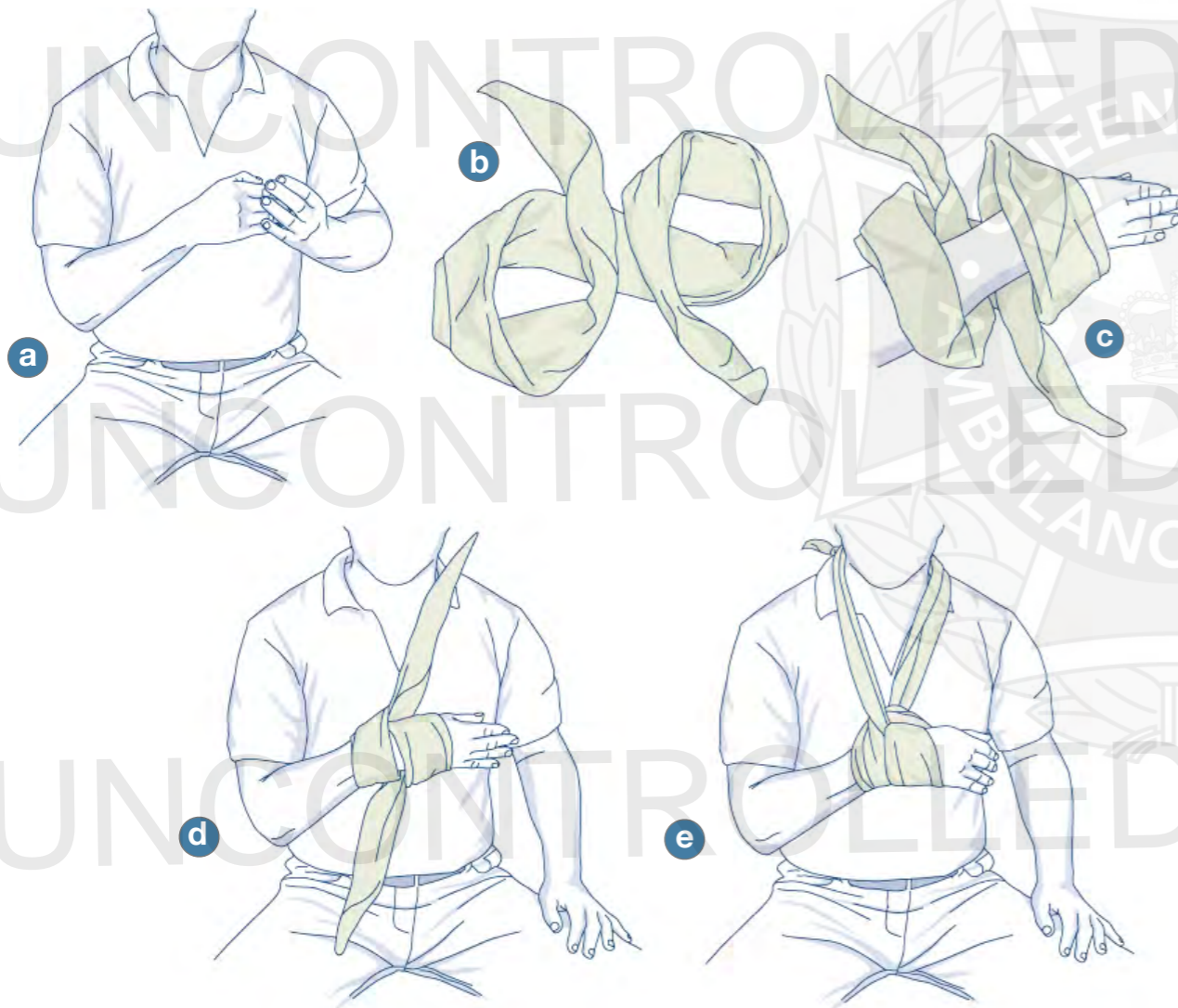
The aim is to compress lymphatic tissues in the area of the envenomation to prevent proximal spread. Venous supply is then compressed to prevent renewed lymphatic flow as a result of increased distal pressure from the effect of the first bandage.^[1,2]

1. Minimise all patient movement.
2. Application of a bandage is paramount to prevent the spread of venom.
3. Firstly cover the envenomation site with a non-stick, non-absorbent dressing. DO NOT wash or contaminate the envenomation site further.
4. Using a conforming bandage, roll it over the bite site and continue in a circular fashion.
5. If the bite/envenomation is on a limb, apply other bandages, starting at the distal end and spiral upwards, to cover as much of the limb as possible.
6. Mark the envenomation site on the bandage.
7. After initial compression bandaging, apply a splint to immobilise the limb where possible.



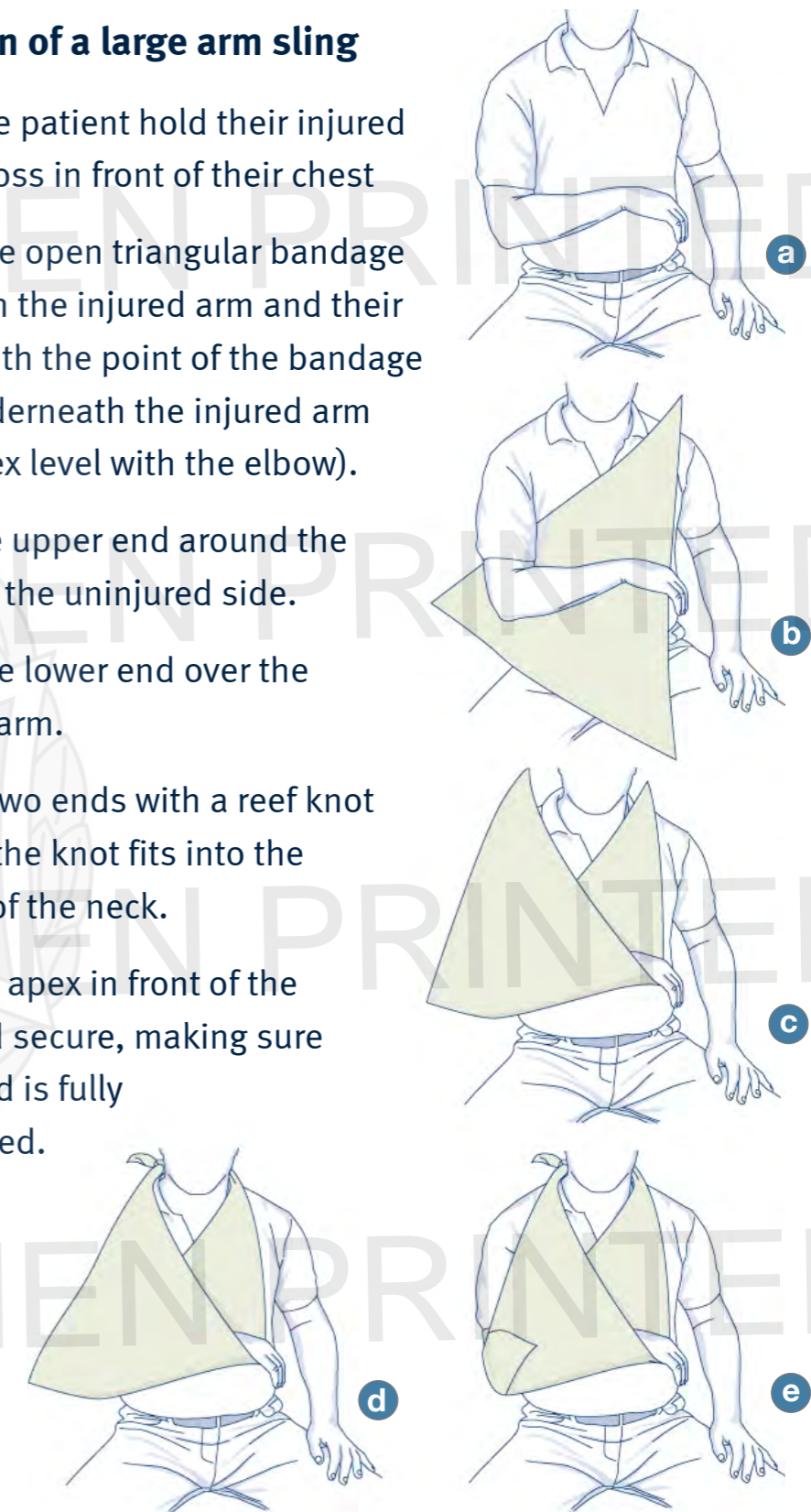
Application of a collar and cuff sling using a triangular bandage

1. Position patient with the forearm of the injured side across the chest with the fingers pointing towards the opposite shoulder.
2. Take a narrow fold triangular bandage and secure the cuff around the wrist.
3. Tie the ends of the bandage in a reef knot around the neck.



Application of a large arm sling

1. Have the patient hold their injured arm across in front of their chest
2. Place the open triangular bandage between the injured arm and their chest with the point of the bandage well underneath the injured arm (the apex level with the elbow).
3. Take the upper end around the neck on the uninjured side.
4. Bring the lower end over the injured arm.
5. Tie the two ends with a reef knot so that the knot fits into the hollow of the neck.
6. Fold the apex in front of the arm and secure, making sure the hand is fully supported.



Application of an elevated sling

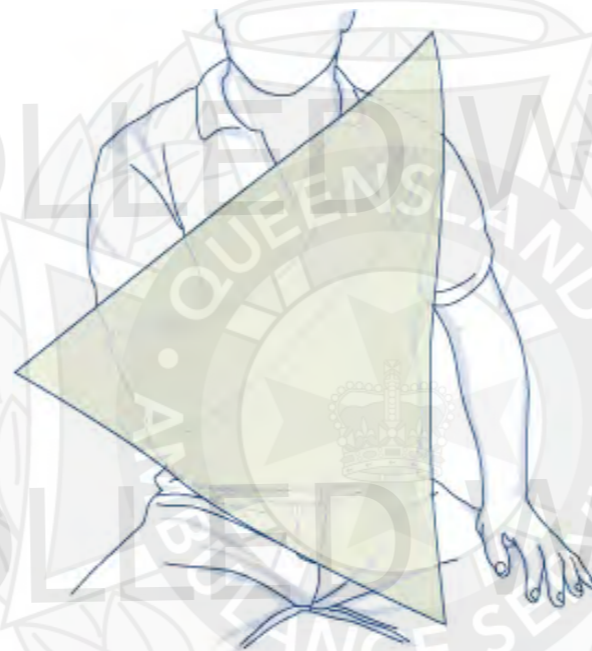


1. Place patient with the forearm of the injured side across the chest with the fingers pointing towards the opposite shoulder.

2. Drape the open triangular bandage over the forearm with the apex beyond the elbow and the upper point over the uninjured shoulder.



3. Ease the base of the bandage under the hand, forearm and elbow, taking the lower point of the bandage up diagonally across the back.



Tie the two ends with a reef knot on the uninjured side.

5. Twist the apex until the bandage supports the elbow and then secure.

