



# Clinical Practice Procedures: Trauma /Management and care of an amputated body part

<b>Policy code</b>	CPP_TR_MCAB_0120
<b>Date</b>	January, 2020
<b>Purpose</b>	To ensure a consistent procedural approach to the management and care of an amputated body part.
<b>Scope</b>	Applies to Queensland Ambulance Service (QAS) clinical staff.
<b>Health care setting</b>	Pre-hospital assessment and treatment.
<b>Population</b>	Applies to all ages unless stated otherwise.
<b>Source of funding</b>	Internal – 100%
<b>Author</b>	Clinical Quality & Patient Safety Unit, QAS
<b>Review date</b>	January, 2023
<b>Information security</b>	UNCLASSIFIED – Queensland Government Information Security Classification Framework.
<b>URL</b>	<a href="https://ambulance.qld.gov.au/clinical.html">https://ambulance.qld.gov.au/clinical.html</a>

While the QAS has attempted to contact all copyright owners, this has not always been possible. The QAS would welcome notification from any copyright holder who has been omitted or incorrectly acknowledged.

All feedback and suggestions are welcome. Please forward to: [Clinical.Guidelines@ambulance.qld.gov.au](mailto:Clinical.Guidelines@ambulance.qld.gov.au)

## Disclaimer

The Digital Clinical Practice Manual is expressly intended for use by QAS paramedics when performing duties and delivering ambulance services for, and on behalf of, the QAS.

The QAS disclaims, to the maximum extent permitted by law, all responsibility and all liability (including without limitation, liability in negligence) for all expenses, losses, damages and costs incurred for any reason associated with the use of this manual, including the materials within or referred to throughout this document being in any way inaccurate, out of context, incomplete or unavailable.

© State of Queensland (Queensland Ambulance Service) 2020.



This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives V4.0 International License

You are free to copy and communicate the work in its current form for non-commercial purposes, as long as you attribute the State of Queensland, Queensland Ambulance Service and comply with the licence terms. If you alter the work, you may not share or distribute the modified work. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc-nd/4.0/deed.en>

For copyright permissions beyond the scope of this license please contact: [Clinical.Guidelines@ambulance.qld.gov.au](mailto:Clinical.Guidelines@ambulance.qld.gov.au)

# Management and care of an amputated body part

January, 2020

In Australia traumatic amputations are rare but most commonly occur due to industrial accidents, use of domestic power tools and motor vehicle accidents, especially motor cycle accidents.

Prognosis for successful reattachment depends on several factors including:

- Body part involved and extent of injury
- Severity of the associated trauma
- Time interval between amputation and surgical intervention
- Age and health of the patient
- Management and care of the amputated part

Tissues from amputated parts may be used to repair injuries, even if reattachment is not possible, therefore, correct management of amputated parts is critical. If properly cared for, tissue can be preserved for up to 18 hours, with the highest chance of successful reattachment if done within 4–6 hours. <sup>[1,2]</sup>

## PROCEDURE

1. If contaminated, gently brush or wipe the part and rinse with saline if necessary.
2. Cover the part with a saline moistened sterile dressing (e.g. large combine) and place in an air-tight bag.
3. If available, prepare a 1-part ice to 3 parts water slurry and immerse the air-tight bag.
4. If ice water or ice is unavailable, attempt to keep the part cool and away from heat sources.
5. Transport the part with the patient to the most appropriate health facility and notify ASAP to allow timely preparation of a receiving medical team.
6. On arrival at the health facility, the amputated limb must be immediately handed over to receiving facility staff.

### Indications

- Traumatic amputation of a body part

### Contraindications

- Nil in this setting

### Complications

- Traumatic amputations can appear gruesome, but the clinician must never be distracted from considering other hidden or less obvious injuries that may be more life-threatening to the patient.

### + Additional information

- Do not allow any surface of the amputated part to freeze, suffer cold burn, or become wet.
- Whenever possible, all amputated parts, regardless of perceived damage or viability, should be appropriately packaged and transported with the patient.
- Do not raise false hope of reattachment with patients.