

**I. General Considerations**

- A. Amputated parts can sometimes be reattached. Even if they cannot, tissue from them may be useful.
  - B. Bleeding control and shock management are the primary concerns.
  - C. Consider splinting the injured limb.
  - D. Give the patient nothing by mouth.
  - E. Tourniquets are rarely needed to control bleeding.
  - F. Do not complete a partial amputation.
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**II. History**

Perform a focused history and physical exam with particular attention to:

- A. Obtain the history of the event:
    - 1. How did the injury occur?
    - 2. Was the part cut by a sharp or dull instrument or torn/crushed?
    - 3. Is the injury relatively clean or dirty?
    - 4. When did the injury occur?
    - 5. How much blood was lost?
    - 6. Is blood spurting or oozing?
    - 7. If the injury is a partial amputation, is there numbness, tingling, or loss of sensation?
  - B. Are there any associated injuries?
  - C. Obtain the patient's past medical history
  - D. What medications has the patient been, or is the patient supposed to be, taking (including over the counter medications)?
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**III. Physical Exam**

- A. Perform an initial assessment.
  - B. Perform a focused history and physical exam.
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**IV. Treatment**

{If other conditions are present, follow the appropriate protocol(s).}

**Basic**

- A. Control bleeding by direct pressure using sterile dressings.
- B. Administer high concentration oxygen.
- C. Splint the affected part as needed.
- D. In the case of soft tissue amputations: put the severed part in a moistened sterile dressing. Place it in a plastic bag and put it on ice or a cold pack. For dental avulsions, attempt to recover the tooth. Transport in milk, if possible, or as previously described.

**Intermediate/ Paramedic**

- E. Secure IV access.

**Paramedic**

- F. Consider use of nitrous oxide or narcotic pain management of medical direction's choice.